DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

MONDAY 14TH SEPTEMBER 2015
10:00AM TO 12:00NOON

COMMITTEE ROOM 3, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Time	Item	Lead	Information/ Discussion/ Decision
1	10:00am	Welcome & Introductions	Cllr Smith	
2	10:10am	Minutes from the meeting held on 25 June 2015 (attached)	Cllr Smith	Information
3	10:20am	Learning Disability Programme Board Annual Report (attached)	Paul Lobley	Information
4	10:40am	Citizen's Panel Feedback (attached)	Liam Flynn	Discussion
5	10:50am	Better Care Fund Update (attached)	Graham Spencer	Information
6	11:05am	CCG Updates (attached)	CCG reps	Information/ Discussion
7	11:20am	Health Watch Update (attached)	Karen Ritchie	Information
8	11:40am	Sensory Impairment Update (attached)	Eleanor Rutter	Information
9	11:50am	AOB	All	
10	12 Noon	**FINISH**		
		The next meeting of the Adult Care Board will take place on Thursday 8 December at 2:00pm in Members Room, County Hall, Matlock.		

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

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 25 JUNE 2015 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Cllr Paul Jones	PJ	Derbyshire County Council Cabinet Member (Adult Social Care) **Chair**
Cllr Rob Davison	RD	Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Cllr Wayne Major	WM	Derbyshire County Council Shadow Cabinet Member (Adult Care)
Roger Miller	RM	Derbyshire County Council – Adult Care
Jim Connolly	JC	Hardwick CCG
Mat Lee	ML	Derbyshire Fire and Rescue Service
Beverley Smith	BS	North Derbyshire CCG
Tanya Nolan	TN	Derbyshire Healthwatch
Jo Smith	JSm	South Derbyshire CVS
John Simmons	JSi	Healthwatch
Tracy McGonagle	TM	Hardwick CCG
Rob Flavey	RF	North Derbyshire CCG

IN ATTENDANCE:

Karen Lynam	KL	Derbyshire County Council - Adult Care (Minutes)
Liam Flynn	LF	Derbyshire County Council – Adult Care
Iseult Cocking	IC	Derbyshire County Council – Adult Care
Eleanor Rutter	ER	Public Health

APOLOGIES:

Cllr Paul Smith	Derbyshire County Council Cabinet Member (Adult Social Care) **Chair**
Cllr Dave Allen	Derbyshire County Council Cabinet Member (Health & Communities)
Mary McElvaney	Derbyshire County Council – Acting Strategic Director (Adult Care)
Andrew Milroy	Derbyshire County Council – Adult Care
Julie Vollor	Derbyshire County Council (Adult Care)
Cllr Lillian Robinson	North East Derbyshire District Council
Lynn Wilmott-Shepherd	Erewash CCG
Michelle Shooter	Derbyshire Police
Narinder Sharmer	Derbyshire Carers
Steve McLernon	Derbyshire Fire and Rescue Service

Jacqui Willis	NDVA
Andy Layzell	Southern Derbyshire CCG
Karen Richie	Derbyshire Healthwatch
Karen Macleod	Derbyshire Probation
Clare Watson	Tameside & Glossop CCG
Clive Newman	Hardwick CCG
David Gardner	Hardwick CCG
Jim Hewlett	
Cath Walker	Derbyshire County Council
Jenny Swatton	Southern Derbyshire CCG
Mick Burrows	Southern Derbyshire CCG

Minute No	Item	Action
ACB 065/15	**WELCOME FROM CLLR ROB DAVISON AND APOLOGIES NOTED** **ROB DAVISON ANNOUNCED THAT MARY MCELVANEY, KIERAN HICKEY AND JO SMITH WILL BE RETIRING BEFORE THE NEXT MEETING – WE WISH THEM WELL.** **MINUTES FROM THE MEETING ON 30 APRIL 2015 & MATTERS ARISING** The minutes from 30 April 2015 were accepted as a true record. Matters Arising: 056/15 = Terms of Reference. Letters have been sent to district councils asking whether they still wish to be represented on the Adult Care Board.	
066/15	**SENSORY IMPAIRMENT HEALTH NEEDS ASSESSMENT** Eleanor Rutter gave a presentation on the above. Sensory impairment HNA ER FINAL.pptx • Data reporting in this area is very poor. • Many people report waiting 10 years before they actually seek help. • We need to co-ordinate activity between agencies as between us we have a lot of contacts. • Strong push to develop awareness training so that all staff pick up signs when they go into people's homes. • Embarrassment over hearing loss. It was agreed that this issue should become a stream of work to be sponsored by the Adult Care Board. Agreed too that Health and Communities department will lead on development of Sensory Impairment Strategy.	

067/15	**MALNUTRITION SURVEY UPDATE** Liam presented the survey results with the recommended amendments from the last board meeting. Recommendations were agreed.	
068/15	**MENTAL HEALTH STRATEGY** Tracy McGonagle presented the final draft of the Strategic Direction for Mental Health document. She asked for agreement to circulate the report. The report updates the Adult Care Board on the progress of some key areas of the action plan. The recommendation is for the Adult Care Board to note and endorse the Derbyshire County Joint Vision and Strategic Direction for Mental Health 2014-19. The strategy will be reviewed annually. The report was endorsed.	
069/15	**OLDER PERSONS MARKET POSITION STATEMENT** Liam Flynn presented the Market Position Statement having presented a draft in February. Work has now been completed. It has been published on the website and will be updated when changes are made. The report was noted. Implications for service development and transformation work streams were discussed.	
070/15	**BETTER CARE FUND UPDATE** Graham Spencer gave an overview of the Better Care Fund update paper. The Adult Care Board was asked to consider and approve this report and approve the next steps as set out in the report. The report was approved and the positive progress on KPI's was noted. RD provided thanks to all that worked on the Better Care Fund.	

071/15	**UPDATE 21ST CENTURY** JC reported that previous work was still ongoing. There are no specific updates.	
072/15	**UPDATE – STAR BOARD** RM reported that the transformation programme is now titled "Joined Up Care". Progress towards completion of business cases for change in four delivery groups continued. Target for completion is September. Significant process and clinical pathway changes have been identified as necessary and work has commenced to make them.	
073/15	**HEALTHWATCH UPDATE** Tanya Nolan and John Simmons presented Healthwatch's recently published reports on: • Primary Care • Acquired Brain Injuries Service Evaluation • Children & Young People in Derbyshire have their say about Health & Social Care Services • Carers Discussion Paper – Summary of Actions • Homecare Services Report • Whittington Care Home – Enter and View Visit Report • Canal Vue Care Home – Enter and View Visit Report There have been a lot of positive and constructive comments about improvement priorities from the public. Upcoming reports: • Experiences of Parents and Carers using the Autism Pathway in Derbyshire • Experiences of using Child and Adolescent Mental Health Services • Experiences of using Cancer Services • Brimington Care Centre – Enter and View Visit RD thanked Healthwatch for their work on this.	
074/15	**ANY OTHER BUSINESS** None.	
	The next meeting of the Adult Care Board will take place on: 14 September 2015, Committee Room 3 County Hall, Matlock.	

Derbyshire County LD Partnership Board

Annual Report 2014/2015

About Learning Disability Partnership Boards

The government wrote a (149 page) paper called "Valuing People, a New Strategy For The 21st Century (2001)". That paper told all local authorities to set up learning disability partnership boards. The paper said “These will build on existing partnership structures to bring together public, voluntary and independent agencies and the wider community within the overall framework of Local Strategic Partnerships. Partnership Boards will be responsible for implementation of the White Paper”.

Valuing People says the Partnership Board should help “people with learning disabilities to do those ordinary things, make use of mainstream services and be fully included in the local community”.

Other Government Reports

In 2009 the government wrote another paper. It is called "Valuing People Now – a new 3 year strategy". The government gave the Partnership Boards more power and also expects more from us. We have to make a plan for making Valuing People Now happen in our County.

In December 2010 the government wrote a report about Learning Disability Partnership Boards and progress on Valuing People Now.

Guiding Principles

There are four guiding principles set out in Valuing People and restated in Valuing People Now. These are:

Rights:

• People with learning disabilities and their families have the same human rights as everyone else.

Independent living:

• This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

Control:

• This is about being involved in and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

Inclusion:

• This means being able to participate in all the aspects of community – to work, learn, get about and meet people, be part of social networks and access goods and services – and to have the support to do so.

Government Objectives

The Government set out a number of objectives for learning disability services. These were:

Maximising opportunities for Disabled Children - To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while living with their families or in other appropriate settings in the community where their assessed needs are adequately met and reviewed.

Transition – As young people with learning disabilities move into adulthood, to ensure continuity of care and support for the young person and their family and to people as possible to participate in education, training or employment.

Choice and Control - To enable people with learning disabilities to have as much choice and control as possible over their lives through advocacy and a person-centred approach to planning the services they need

Carers - To increase the help and support carers receive from all local agencies in order to fulfil their family and caring roles effectively.

Health - To enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard, and with additional support where necessary.

Housing - To enable people with learning disabilities and their families to have greater choice and control over where, and how they live.

Fulfilling Lives - To enable people with learning disabilities to lead full and purposeful lives in their communities and to develop a range of friendships, activities and relationships.

Employment - To enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work and to make a valued contribution to the world of work.

Quality - To ensure that all agencies commission and provide high quality, evidence based and continuously improving services which promote both good outcomes and best value.

Workforce training and planning - To ensure that social and health care staff working with people with learning disabilities are appropriately skilled, trained and qualified, and to

promote a better understanding of the needs of people with learning disabilities amongst the wider workforce.

Partnership Working - To promote holistic services for people with learning disabilities through effective partnership working between all relevant local agencies in the commissioning and delivery of services.

Members of LD Partnership Boards

Valuing People said that "Membership should include senior representatives from social services, health bodies (health authorities, Primary Care Trusts (PCTs)), education, housing, community development, leisure, independent providers, and the employment service. Representatives of people with learning disabilities and carers must be enabled to take part as full members. Minority ethnic representation will be important in view of the Government's commitment that their needs should not be overlooked."

About Learning Disability Partnership Boards in Derbyshire

Structure

We have a County LD Partnership Board and six local LD partnership boards spread around the County. The county and local boards bring together all the public services in Derbyshire including County, District and Borough councils, health services, housing agencies, police, education and community and voluntary groups.

The local LD partnership boards each have four places for learning disability representatives and four places for family carer representatives. One learning disability representative and one family carer representative from each of the local LD partnership boards attends the County LD Partnership Board.

The County LD Partnership Board and the local LD partnership boards meet 4 times each year, plus additional meetings to discuss particular topics as required. The County LD Partnership Board also uses a Taskforce group to discuss and consider specific topics in greater detail and report back. There is also a Good Health Group which draws on the learning disability representatives, family carer representatives and other interested parties to specifically discuss health issues in detail.

The boards:

- improve the way public and community services support people with a learning disability; and
- promote the rights, independence, choice and inclusion of people with learning disabilities.

Membership of our County LD Partnership Board

The Derbyshire County LD Partnership Board is made up of an Independent Chair, a Co-Chair (LD Representative), a Vice Chair (voluntary sector), a Vice Co-Chair (LD Representative), 6 LD Representatives (from the 6 local LD Partnership Boards), 6 Family Carers (from the 6 local LD Partnership Boards), the Deputy Cabinet Member for Adult Care Services, the Assistant Director of Adult Care Services, 2 Representatives of the Health bodies in the County and representatives of other organisations as business requires.

Information sharing

The County LD Partnership Board has its own dedicated pages on the Derbyshire County Council website. Copies of the latest agendas and minutes are linked to the summary webpage along with the minutes of the Good Health Group and other reference material.

Links to other websites, including those for organisations supporting people with a learning disability and family carers, are also provided on the webpage.

What we have done in 2014/2015

See separate PDF file (Powerpoint slides)

What do we plan to do in 2015/2016

The Special Annual Report and Annual Planning meeting on 11 June 2015 will shape the program for the coming year.

Bibliography

Valuing People, a New Strategy For The 21st Century (2001) – https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf

Valuing People Now - a new 3 year strategy –

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093375.pdf

Valuing People Now Progress Report

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215891/dh_122387.pdf

Terms of Reference for Derbyshire County LD Partnership Board

http://www.derbyshire.gov.uk/images/Terms%20of%20Reference%20LD%20County%20Board%202013_tcm44-228774.pdf

The County LD Partnership Board dedicated pages on the Derbyshire County Council website.

http://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/disability_support/learning_disabilities/partnership_board/default.asp

Derbyshire County Learning Disability Partnership Board

Annual Report 2014-2015

VP and VPN Principles

- **Rights**
  - Same human rights as everyone else
- **Independent Living**
  - Access to housing, education, employment, leisure, transport and community life
- **Control**
  - Information to make informed decisions
- **Inclusion**
  - Appropriate support to be involved in community

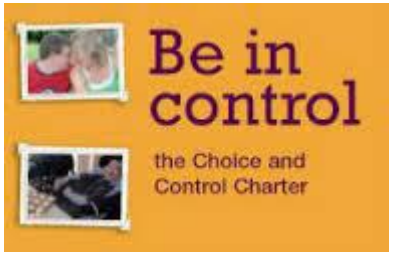
Government Objectives

- Maximising opportunities for disabled children
- Transition
- Choice and Control
- Carers
- Health
- Housing
- Fulfilling Lives
- Employment
- Quality
- Workforce Training and Planning
- Partnership Working

Disabled Children and Transition

- P A N group
- AV transition carer rep

Choice and Control



- Choice and Control Charter (+ Taskforce topic)
- Reps Issues
- Day Services and the Derbyshire Challenge
- Transforming care and repatriation
- The Big Event + Little Big Event
- People with a learning disability as Citizens (+ Taskforce topic)
- Day Centres and Community Lives
- “This is me”
- Amber First event
- Hate Crime and Safe Places (+ Taskforce topic)

Carers

- Carers Issues
- Respite review
- HP Local PB carer reps support project
- Carers Reference Group
- DCHFT “Sharing information with carers”
- Carer contingency plans
- Co-funding forms
- Disability Related Expenditure and eligibility
- Carer Contributions and eligibility
- Shortage of carer reps in some areas

Health

- Good Health Group
- “Your Health Matters” at Chesterfield FC
- NEDCCG 21st Century Consultation
- Self Assessment Framework feedback
- Chesterfield Royal Hospital videos
- LD Carers Group – Health check survey
- Taskforce “Enjoying a happy and healthy life”

Housing

- Derbyshire Challenge survey
- Accommodation and support strategy

Fulfilling Lives

- High Peak Speak and eat
- Glossop Chat and eat
- Chesterfield social group
- Quad film nights
- AV local Board disco
- Ashbourne Venture friends group
- Erewash dance and drumming sessions
- Fun to do Group
- Changing places toilets
- Transport Consultation submission
- High Peak Community Solutions project
- Taskforce's got talent
- Reps on Board review of Leisure Centres

Employment

- High Peak Supported Employment
- Parkwood and Whitemoor garden projects
- Taskforce topic (June 2015)

Quality

- Care Act information and staff workshops
- Self Assessment Framework feedback
- Annual Report
- County LDPB “calling to account”

Workforce Planning and Training

- Care Act information and staff workshops
- Care Act implementation guidance

Partnership Working

- Reps on Board
- Carers
- Advocacy
- County Council / District Councils
- CCGs
- Community Health
- Voluntary Sector
- Housing
- Police

Other issues

- More effective Partnership Boards
  - Terms of Reference, Chair role, room layout, name cards, Reps on Board Top Tips, Easy Read round-up, annual report, annual work plan
- Taskforce topics
- Partnership Board Budgets
- Reps on Board annual report
- Local PB Laptops
- Local PB workplans
- Care Act
- Better Care Fund

Derbyshire County Learning Disability Partnership Board

Annual Plan 2015-2016 –
To be developed 11 June 2015

Derbyshire County Council Adult Care
Service Need & Evaluation Section
County Hall, Matlock, Derbyshire, DE3 4AG ☎ 01629 537368

Citizens' Panel Survey – February 2015

Analysis of Responses

Nicola Greatorex, Project Officer (Service Need and Evaluation)

Introduction

The Citizens' Panel is made up of approximately 8000 Derbyshire residents aged 16+ who have volunteered to complete periodic questionnaires containing questions put forward by various sections of the authority. The sample is intended to be representative of the population of Derbyshire.

A recent questionnaire, sent out to approx. 4100 Citizens' Panel members, carried questions that are of interest to Adult Care[1]. 2810 people returned their questionnaire and an analysis of the profile of these respondents is included at the end of this report[2].

Headlines

⇒ 1 in 10 people with wellbeing needs report that they do not get any help

⇒ Half of respondents with wellbeing needs rely, at least in part, on help from a friend, neighbour or family member.

⇒ People predominantly turn to their GP for information about the care and support available and are happy to continue to do this.

⇒ A significant number of people who have tried, over the last year, to obtain information about services have experienced some degree of difficulty

⇒ Respondents, across the board, are interested in information about services that would make it easier for them to cope at home.

Analysis of the survey results

A selection of results from the Citizens' Panel February 2015 Survey are shown in the tables on the following pages, along with comments.

All percentages shown in the tables are based on the number of respondents to the specific question(s) – shown in the right-hand column of each table.

Responses to the question, *If you, or a family member, are becoming frailer or starting to struggle with day-to-day living, where would you go to find information about the support available?* are not examined separately in this report as they, for the most part, mirror responses given to the question, *Ideally, where would you go to get your adult care information?*

[1] See Appendix 1: Questions of relevance to Adult Care – Citizens' Panel Survey February 2015

[2] See Appendix 2: Profile of Derbyshire Citizens' Panel respondents – February 2015 survey

Table 1: Respondents' reported wellbeing needs by age

		Respondent Wellbeing Needs								Total
		Are you affected by: Poor physical, mental or emotional health?	Are you affected by: Need for protection from abuse or neglect?	Are you affected by: Living independently?	Are you affected by: Not being in work, education or training?	Are you affected by: Poor social wellbeing?	Are you affected by: Poor economic wellbeing?	Are you affected by: Difficult domestic, family and persoanl relationships?	Are you affected by: Participation in local community activity?	
18 to 24 years	Count	5	0	1	1	1	2	2	3	11
	% within Age	45.5%	.0%	9.1%	9.1%	9.1%	18.2%	18.2%	27.3%	
25 to 34 years	Count	28	1	5	4	12	18	9	8	45
	% within Age	62.2%	2.2%	11.1%	8.9%	26.7%	40.0%	20.0%	17.8%	
35 to 44 years	Count	86	3	13	21	27	36	20	29	129
	% within Age	66.7%	2.3%	10.1%	16.3%	20.9%	27.9%	15.5%	22.5%	
45 to 54 years	Count	142	8	43	36	37	65	41	47	218
	% within Age	65.1%	3.7%	19.7%	16.5%	17.0%	29.8%	18.8%	21.6%	
55 to 59 years	Count	82	1	34	7	18	24	12	41	141
	% within Age	58.2%	.7%	24.1%	5.0%	12.8%	17.0%	8.5%	29.1%	
60 to 64 years	Count	64	1	50	4	13	26	12	35	129
	% within Age	49.6%	.8%	38.8%	3.1%	10.1%	20.2%	9.3%	27.1%	
65 to 74 years	Count	96	5	91	6	19	24	11	38	176
	% within Age	54.5%	2.8%	51.7%	3.4%	10.8%	13.6%	6.3%	21.6%	
75 years and over	Count	27	0	31	0	4	2	2	12	46
	% within Age	58.7%	.0%	67.4%	.0%	8.7%	4.3%	4.3%	26.1%	
Count		530	19	269	79	132	200	109	213	**898**

32% of all respondents reported some form of wellbeing need

Over half of respondents with wellbeing needs have poor physical, mental or emotional health

Young people aged 25-34 are most likely to feel that they have poor economic wellbeing, although this doesn't appear to relate to NEETs

Independent living needs affect:-

1 in 3 adults aged 60-64

half of adults aged 65 to 74

2 in 3 adults aged 75+

Table 2: Type of help received by those respondents with wellbeing needs

		Type of help received by respondent need													
		Help from the County Council or your local district/borough council	Help from the NHS/your GP/Health Visitor or similar	Help from a voluntary organisation (other than CAB)	Help from social services	Help from the Citizens Advice Bureau (CAB)	Help from a friend/neighbour or family	Help from your faith community e.g. church or mosque	Help from the Handy Van Scheme	Help from the Derbyshire Fire & Rescue Service	Help from the local police force	Help from a paid personal assistant (e.g gardener or "handy" person)	Help from a paid personal carer with personal care/support (other than help arranged through adult care/social services)	I would benefit from help but have not used any of the above	Total
Poor physical or emotional health	Count	69	382	69	63	73	254	39	27	36	48	115	23	50	481
	% with this need	14.3%	79.4%	14.3%	13.1%	15.2%	52.8%	8.1%	5.6%	7.5%	10.0%	23.9%	4.8%	10.4%	
Protection from abuse or neglect	Count	6	13	6	6	7	11	2	2	1	5	4	1	3	19
	% with this need	31.6%	68.4%	31.6%	31.6%	36.8%	57.9%	10.5%	10.5%	5.3%	26.3%	21.1%	5.3%	15.8%	
Living independently	Count	47	173	36	52	37	164	27	26	24	30	98	19	33	255
	% with this need	18.4%	67.8%	14.1%	20.4%	14.5%	64.3%	10.6%	10.2%	9.4%	11.8%	38.4%	7.5%	12.9%	
Not being in work, education or training	Count	13	48	15	7	12	32	1	3	1	4	6	2	12	72
	% with this need	18.1%	66.7%	20.8%	9.7%	16.7%	44.4%	1.4%	4.2%	1.4%	5.6%	8.3%	2.8%	16.7%	
Poor social wellbeing	Count	14	93	26	31	26	77	10	13	12	16	32	10	18	123
	% with this need	11.4%	75.6%	21.1%	25.2%	21.1%	62.6%	8.1%	10.6%	9.8%	13.0%	26.0%	8.1%	14.6%	
Poor economic wellbeing	Count	36	120	25	22	42	92	6	10	5	24	21	5	32	184
	% with this need	19.6%	65.2%	13.6%	12.0%	22.8%	50.0%	3.3%	5.4%	2.7%	13.0%	11.4%	2.7%	17.4%	
Difficult domestic, family and personal relationships	Count	16	82	13	20	25	56	7	7	8	15	20	3	13	104
	% with this need	15.4%	78.8%	12.5%	19.2%	24.0%	53.8%	6.7%	6.7%	7.7%	14.4%	19.2%	2.9%	12.5%	
Participation in local community activity	Count	24	134	29	37	21	109	21	17	14	24	58	11	15	188
	% with this need	12.8%	71.3%	15.4%	19.7%	11.2%	58.0%	11.2%	9.0%	7.4%	12.8%	30.9%	5.9%	8.0%	
Total	Count	104	587	94	105	112	427	63	48	62	79	200	35	79	802

More than 50% of people responding to both questions rely on help from friends, family or neighbours

1 in 4 pays for help other than personal care; this rises to over 1 in 3 for people with independent living needs

Around 10% of people who report having wellbeing needs haven't tried to get any help

Table 3: Places people would like to get information on care and support by age

		Where would you want to find information								
		Citizens Advice Bureau (CAB)	Library	Internet	Don't know	Phone Call Derbyshire	Other	Pharmacist	GP surgery	Total
16 to 17 years	Count	0	0	0	1	1	0	0	5	6
	% within Age	.0%	.0%	.0%	16.7%	16.7%	.0%	.0%	83.3%	
18 to 24 years	Count	5	3	14	4	4	0	4	18	28
	% within Age	17.9%	10.7%	50.0%	14.3%	14.3%	.0%	14.3%	64.3%	
25 to 34 years	Count	23	20	98	16	23	1	22	96	160
	% within Age	14.4%	12.5%	61.3%	10.0%	14.4%	.6%	13.8%	60.0%	
35 to 44 years	Count	60	62	216	30	51	15	40	267	399
	% within Age	15.0%	15.5%	54.1%	7.5%	12.8%	3.8%	10.0%	66.9%	
45 to 54 years	Count	94	138	292	45	113	16	81	496	670
	% within Age	14.0%	20.6%	43.6%	6.7%	16.9%	2.4%	12.1%	74.0%	
55 to 59 years	Count	65	93	171	22	61	11	58	361	448
	% within Age	14.5%	20.8%	38.2%	4.9%	13.6%	2.5%	12.9%	80.6%	
60 to 64 years	Count	58	87	104	21	70	12	66	321	394
	% within Age	14.7%	22.1%	26.4%	5.3%	17.8%	3.0%	16.8%	81.5%	
65 to 74 years	Count	68	101	85	23	69	11	62	364	454
	% within Age	15.0%	22.2%	18.7%	5.1%	15.2%	2.4%	13.7%	80.2%	
75 years and over	Count	9	14	16	9	11	0	23	71	91
	% within Age	9.9%	15.4%	17.6%	9.9%	12.1%	.0%	25.3%	78.0%	
Total	Count	382	518	996	171	403	66	356	1999	2650

The vast majority of respondents state that they would like to get information on care and support from their GP surgery. This is consistent across all age groups.

40% of people would like to get their information from the internet; this is more popular with younger adults and popularity gradually falls off from 45 years onwards

1 in 4 people aged 75+ would like to be able to get information from their pharmacist

Overall, around 1 in 5 people would like to be able to pick up information in the library; this is most popular with 45-74 year olds

Table 4: Type of information that people with wellbeing needs would find most useful

		What information would be most useful?								
		Car home choices	Information on full-time carers	Day opportunities	Information about equipment/adaptations that make home living easier	Help in the home	Other	Healthy living advice	Finanacial and welfare benefit advice	Total
Poor physical or emotional health?	Count	69	59	77	181	201	26	130	107	420
	% with this need	16.4%	14.0%	18.3%	43.1%	47.9%	6.2%	31.0%	25.5%	
Protection from abuse or neglect?	Count	4	4	7	9	14	0	6	3	18
	% with this need	22.2%	22.2%	38.9%	50.0%	77.8%	.0%	33.3%	16.7%	
Living independently?	Count	25	23	43	102	125	10	58	57	222
	% with this need	11.3%	10.4%	19.4%	45.9%	56.3%	4.5%	26.1%	25.7%	
Not being in work, education or training?	Count	15	15	12	25	31	4	15	19	64
	% with this need	23.4%	23.4%	18.8%	39.1%	48.4%	6.3%	23.4%	29.7%	
Poor social wellbeing?	Count	22	30	31	52	64	10	36	33	118
	% with this need	18.6%	25.4%	26.3%	44.1%	54.2%	8.5%	30.5%	28.0%	
Poor economic wellbeing?	Count	31	25	30	55	79	8	54	43	160
	% with this need	19.4%	15.6%	18.8%	34.4%	49.4%	5.0%	33.8%	26.9%	
Difficult domestic, family and personal relationships?	Count	21	19	27	47	59	6	28	28	97
	% with this need	21.6%	19.6%	27.8%	48.5%	60.8%	6.2%	28.9%	28.9%	
Participation in local community activity?	Count	26	23	46	70	81	13	52	42	166
	% with this need	15.7%	13.9%	27.7%	42.2%	48.8%	7.8%	31.3%	25.3%	
Total	Count	125	103	139	286	337	41	211	195	704

People affected by independent living needs are 4 to 5 times more likely to be interested in information about services that will allow them to stay at home than they are to want to know about care homes

Interest in information about equipment/adaptations and help in the home is high for all needs

There is generally a good deal of interest in healthy living advice and additional analysis has shown that this is most pronounced amongst 18-24 year olds (45% of all those in this age group who answered the question)

There is also a general interest in financial and welfare benefit advice although, perhaps surprisingly, people reporting poor economic welfare are no more likely to be interested in this than anyone else; additional analysis showed people aged 25-34 were most interested (46% of all those in this age group who answered the question)

Table 5: Experience of respondents with wellbeing needs in finding information

		In the past year, how easy or difficult has it been for you to find information and advice about support, services and benefits?						
		Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Not tried to find information or advice	Total
Poor physical or emotional health?	Count	24	82	111	51	23	229	520
	% with this need	4.6%	15.8%	21.3%	9.8%	4.4%	44.0%	
Protection from abuse or neglect?	Count	0	4	4	3	2	4	17
	% with this need	.0%	23.5%	23.5%	17.6%	11.8%	23.5%	
Living independently?	Count	6	42	53	32	14	116	263
	% with this need	2.3%	16.0%	20.2%	12.2%	5.3%	44.1%	
Not being in work, education or training?	Count	2	9	15	14	6	32	78
	% with this need	2.6%	11.5%	19.2%	17.9%	7.7%	41.0%	
Poor social wellbeing?	Count	1	19	29	23	11	47	130
	% with this need	.8%	14.6%	22.3%	17.7%	8.5%	36.2%	
Poor economic wellbeing?	Count	5	27	29	39	13	86	199
	% with this need	2.5%	13.6%	14.6%	19.6%	6.5%	43.2%	
Difficult domestic, family and personal relationships?	Count	5	15	28	11	5	41	105
	% with this need	4.8%	14.3%	26.7%	10.5%	4.8%	39.0%	
Participation in local community activity?	Count	3	32	33	17	14	109	208
	% with this need	1.4%	15.4%	15.9%	8.2%	6.7%	52.4%	
Total	Count	29	141	159	83	37	431	880

Of the 880 respondents with wellbeing needs who answered this question, 431 hadn't tried to find information or advice about local sources of care or support over the previous year

Of the 449 people who tried to find information 120 (27%) had some degree of difficulty; similarly, when the data for all respondents was analysed it was found that 22% of those who had attempted to get information had found it either fairly or very difficult to find

Appendix 1: Questions of relevance to Adult Care – Citizens' Panel Survey February 2015

Section: Health and Wellbeing

Wellbeing is about feeling good about your life. It can be affected by things such as worries about money, work, your home, the people around you and the place that you live in. Wellbeing is also affected by whether or not you feel in control of your life, feel involved with people and communities as well as feelings of anxiety and isolation.

Q8. Which, if any, of the following wellbeing needs affect you or a close member of your family? (eg spouse/partner, son/daughter, parent)? *(Please **X all** that apply)*

	Affect you	**Affect family**
Poor physical, mental or emotional health		
Need for protection from abuse or neglect		
Living independently eg how well you are able to do everyday things		
Not being in work, education, or training		
Poor social wellbeing eg having contact with friends		
Poor economic wellbeing eg having enough money to spend		
Difficult domestic, family and personal relationships		
Participation in local community activity		

Q9. Which, if any, of the following kinds of practical help or help given as information and advice do you receive/have you received in the past? *(Please **X all** that apply)*

Help from the County Council or your local district/borough council (other than social services)
Help from the NHS / your GP / Health Visitor or similar
Help from a voluntary organisation (other than Citizens Advice Bureaux)
Help from social services
Help from the Citizens Advice Bureaux
Help from a friend / neighbour or family
Help from your faith community eg Church or Mosque
Help from the Handy Van Scheme
Help from the Derbyshire Fire & Rescue Service
Help from the local police force
Help from a paid personal assistant (eg gardener or "handy" person)
Help from a paid personal carer with personal care/support (other than help arranged through Adult Care / social services)
I would benefit from help but have not used any of the above

Section: Adult Care

Q23. If you, or a family member, are becoming frailer or starting to struggle with day-to-day living, where would you go to find information about the support available?
*(Please **X all** that apply)*
Citizens Advice Bureau (CAB)
Internet
Phone Call Derbyshire
Pharmacist
GP surgery
Library
Don't know
Other (Please X and specify where)

The following questions are designed to help the County Council understand what information residents need about adult care and how they would like to access it.

Q24. Ideally, where would you want to get your adult care information? (*Please **X all** that apply)*
Citizens Advice Bureau (CAB)
Internet
Phone Call Derbyshire
Pharmacist
GP surgery
Library
Don't know
Other (Please X and specify where)

Q25. In the past year, how easy or difficult has it been for you to find information and advice about local sources of care and support?

Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Not tried to find information or advice

Q26. What information about care and support would you find most useful?
(*Please **X all** that apply)*
Care home choices
Day opportunities
Help in the home

Healthy living advice
Financial and welfare benefit advice
Information for full-time carers
Information about equipment/adaptations that make home living easier
Other (Please X and specify where)

District	Number of Respondents	Sample size	District Response Rate %
Amber Valley	460	591	78%
Bolsover	342	491	70%
Chesterfield	253	388	65%
Derbyshire Dales	420	628	67%
Erewash	329	485	68%
High Peak	318	569	56%
North East Derbyshire	412	584	71%
South Derbyshire	276	425	65%
Total	**2810**	**4161**	**68%**

District	Number of Respondents	% of Total Respondents	ONS Mid-2013 Population	Difference between % of respondents and Mid-2013 population
Amber Valley	460	16%	16%	0%
Bolsover	342	12%	10%	2%
Chesterfield	253	9%	13%	-4%
Derbyshire Dales	420	15%	9%	6%
Erewash	329	12%	15%	-3%
High Peak	318	11%	12%	0%
North East Derbyshire	412	15%	13%	2%
South Derbyshire	276	10%	13%	-3%
Total	**2810**	**100%**	**100%**	

Appendix 2: Profile of Derbyshire Citizens' Panel respondents – February 2015 survey

Gender	Number of Respondents	% of Total Respondents	ONS Mid-2013 Population	Difference between % of respondents and Mid-2013 population
Female	1333	48%	51%	-3%
Male	1472	52%	49%	3%
Total	**2805**	**100%**	**100%**	

Age Group	Number of Respondents	% of Total Respondents	ONS Mid-2013 Population	Difference between % of respondents and Mid-2013 population
16 to 24 years	35	1%	12%	-11%
25 to 34 years	175	6%	13%	-7%
35 to 44 years	425	15%	16%	-1%
45 to 54 years	692	25%	19%	6%
55 to 59 years	478	17%	8%	9%
60 to 64 years	417	15%	8%	7%
65 to 74 years	482	17%	14%	4%
75 years and over	97	3%	11%	-7%
Total	**2801**	**100%**	**100%**	

Ethnicity	Number of Respondents	% of Total Respondents	2011 Census Population	Difference between % of respondents and 2011 Census population
White British	2672	97%	96%	1%
Other	96	3%	4%	-1%
Total	**2768**	**100%**	**100%**	

Feb15 Panel Q2: What best describes the property where you currently live?

	Number	% of Total Respondents	2011 Census	Difference between % of respondents and 2011 Census population
Owned outright	1930	70%	30%	39%
Owned with a mortgage or loan	584	21%	43%	-22%
Part owned, part rented (shared ownership)	14	1%	0%	0%
Rented from a private landlord	147	5%	11%	-6%
Rented from a local authority, housing association or social	54	2%	14%	-12%
Temporary accommodation	27	1%	0%	1%
Other	17	1%	1%	0%
Total	**2773**	**100%**	**100%**	

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

14 September 2015

Report of the Strategic Director of Adult Care

BETTER CARE FUND UPDATE

1. Purpose of the Report

The purpose of this report is to provide the Adult Care Board with an update on the progress of the Derbyshire Better Care Fund.

2. Information and Analysis

This report has been split into three sections comprising:

- Summary of the National Q1 2015/16 Reporting Template
- General BCF Performance Overview
- Update on local monitoring arrangements

National Q1 2015/16 Reporting Template

NHS England issued the Q1 2015/16 Better Care Fund National Reporting Template on 11 August for all Health and Wellbeing Boards (HWBs) to complete and submit by midday on 28 August. The report template required HWBs to provide updates on one of the four national metrics, and the two locally agreed metrics. An update on finances was also included for this quarter. A questionnaire seeking the views of HWBs on areas where the national Better Care Support Team could best offer their support was also included. A copy of the completed return is attached at Appendix 1 with a summary of the key points relating to the return provided below:

- National Metric – Only one of the four national metrics has been included in this reporting period which concerns the non-elective admissions to hospitals. The latest outturn shows an improvement on the previous monitoring period and the quarterly target achieved. However, initial data for the quarter 2 period suggest that the target will not be achieved with number of unplanned admissions remaining static.
- Local Metrics – An update cannot be provided for the rate of dementia diagnosis indicator due to a delay in national reporting of the data. In respect of patient experience the latest results show a dip in performance following publication of the most recent GP Survey results in July (for the period July 2014 to March 2015). The target for this metric, however, relates only to the period January 2015 to September 2015 for which data will not be available until later in the year.

- Understanding Support Needs – Health and Wellbeing Boards have been asked to state which area of integration, from a choice of five, they feel poses the greatest challenge to successfully implementing the Better Care plans. The suggested response for Derbyshire from the available options is 'Aligning systems and sharing benefits and risks'. There is also the option to register interest in various types of support across all integration areas. The suggested responses from Derbyshire are for 'Workshops or other face to face learning opportunities' relating to 'Aligning systems and sharing benefits and risks', and 'Measuring Success'.
- Narrative – the final section of the quarterly return allows the Health and Wellbeing Board to provide an update on progress in implementing their plans. A response providing an update on matters reported at the previous monitoring period has been supplied for the Derbyshire return.

General BCF Performance Overview

An overview of performance against all national and locally agreed metrics is provided in the Better Care Fund Dashboard for Derbyshire County Council which is produced by the Arden and Greater East Midlands Commissioning Support Unit. A copy of this dashboard is attached at Appendix 2.

A table summarising performance at the Quarter 1 2015/16 reporting period is provided below. The results for the previous quarter are shown for comparison.

Metric	**Target**	**Q1 2015/16 Actual**	**Q4 2014/15 Actual**
1. Non-Elective Admissions (General & Acute) - Number of episodes per 100,000 population	3,050.8	2,914.4 (Green)	*3,116.9 (Green)*
2. Permanent admissions of Older People (aged 65 & over) to residential and nursing care homes per 100,000 population	664.9	705.9 (Red)	*745.4 (Red)*
3. Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services	82.5%	84.1% (Green)	*87.1% (Green)*
4. Delayed transfer of care from hospital per 100,000 (average number of days delayed per month)	961.8	645.4 (Green)	*605.0 (Green)*
5. Patient Experience - GP Patient Survey Q32: In the last 6 months, have you had enough support from local services/organisations to help manage your long-term condition	N/A	64.9%	*66.5% (Green) Target was 65.9%*
6. Rate of Dementia Diagnosis	68%	N/A	*67.3% (Green)*

Three of the six metrics achieved their quarterly targets compared to five at quarter four of 2014/15. Whilst actual performance has reduced slightly in respect of two of these, metrics 3 and 4, not all of the metrics have comparable targets for this reporting period.

Metric 1, non-elective admissions to hospital, continues to show performance is on target. The data issues reported at the previous monitoring period have now been resolved. However, whilst performance is encouraging, indications show that the target for the next reporting period will not be achieved.

Metric 2, permanent admissions to residential or nursing homes, continues to be off target. However, the current actual for this metric suggests an improvement over the previous actual. An audit of recording admissions did not result in any significant findings so a second audit focussing on a sample of admissions will be undertaken to look at decision making and appropriate outcomes for individuals.

Metric 5, patient experience, is also showing a suggested dip in performance following publication of the most recent GP Survey results in July (for the period July 2014 to March 2015). The target for this metric relates only to the period January 2015 to September 2015 for which date will not be available until later in the year.

It should also be noted that data has yet to be released for the first three months in relation to metric 6. Therefore a request has been submitted to the Primary Care Webtool service that issues this for advice as to when it will become available.

The above results would suggest that the Derbyshire BCF is not performing as planned at the present time. However, it is not appropriate to judge the overall performance on the basis of these high-level metrics. The BCF comprises over 46 projects across five schemes aimed at improving the outcomes for users of health and social care services whilst contributing to a system-wide transformational change in how services are delivered. It will, therefore, take time for the impact of these projects to have an impact on the high-level metrics.

<u>Update on local monitoring arrangements</u>

At a local level work is taking place between Adult Care and the CCGs to develop a dashboard reporting tool to highlight the performance of the projects that make up the BCF. This dashboard will allow for a joint approach to providing more detailed performance information than the high-level BCF metrics currently provide. This dashboard should be available for use at the second quarter monitoring period in October.

This work will also be complemented by qualitative information from the Voluntary and Community Sector. It has been noted that VCS organisations in Derbyshire hold a wealth of useful information about services which could be used more

effectively by commissioners and providers. Furthermore, Healthwatch Derbyshire are willing to undertake a review of any services contained within the BCF to provide an external public facing view of service effectiveness. This level of information combined with the local dashboard will give system leaders in Derbyshire a greater understanding of how well the BCF is performing as well as informing planning of service delivery in future years.

3. Next Steps

The Health and Wellbeing Board will be required to provide further quarterly reports on the performance of the BCF for 2015-16 as follows:

- 27 Nov 2015
- 26 Feb 2016
- 27 May 2016

The Adult Care Board will be kept informed of progress against the BCF in line with these reporting dates as well as the outcomes of the work outlined above.

4. Background Papers

The Better Care Fund Plan Parts 1 and 2 are available on the Derbyshire County Council website: http://www.derbyshire.gov.uk/social_health/integrated_care/

5. Officer Recommendation

The Board is asked to:

- Consider and approve this report;
- Approve the next steps as set out in the report

Joy Hollister
Strategic Director – Adult Care

Cover and Basic Details
Q1 2015/16

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

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

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Derbyshire

Data Submission Period:

Q1 2015/16

Budget arrangements	
Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:
Derbyshire

Data Submission Period:
Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	is "No" or "No - In Progress" please enter estimated date when condition will be met if not already	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes		
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		We are now undertaking a fresh data cleansing exercise following the recently acquired Demographic Batch Service access to ensure a greater match with the NHS number
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		This is being pursued through the procurement of a new Adult Care ICT solution
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		There is now an active Health and Social Care IG workstream to ensure a more consistent approach to data sharing across the professional and clinical community
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes		A Direct Enhanced Service for GPs is in place, as outlined on pages 59-61 of the Derbyshire Better Care Fund Plan, to deliver a joint approach to assessment and care planning.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		Consequential impacts have been built in to contracts for 2015/16. Parity of Esteem was included within the Derbyshire Better Care Fund Plan.

APPENDIX 1: National Q1 2015/16 Reporting Template

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Derbyshire

	Baseline				Plan				Actual				% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16			
D. REVALIDATED: HWB version of plans to be used for future monitoring.	23,620	23,685	23,606	24,311	23,909	22,069	22,989	22,989	22,840	22,838			3.4%	3,267	£4,867,621	-289	1327	1945	3267	£0	£1,977,863	£919,527	£1,970,231	780	847			£0	£1,977,863			£4,867,621	£15,070,000	£0

Which data source are you using in section D? (MAR, SUS, Other)	MAR
Cost per non-elective activity	£1,490

If other please specify

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£0	£1,977,863		
Actual payment locally agreed	£0	£1,977,863		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	Not applicable.

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	£0		
Actual amount of locally agreed unreleased funds	£0	£0		

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable		

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Derbyshire

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£15,372,000	£15,372,000	£15,372,000	£15,372,000		
	Actual*	£15,372,000					

Please comment if there is a difference between the total yearly plan and the pooled fund	Not applicable

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£14,500,000	£15,500,000	£15,500,000	£15,500,000		
	Actual*	£13,500,000					

Please comment if there is a difference between the total yearly plan and the pooled fund	not applicable

Commentary on progress against financial plan:	There has been some slippage in implementing new developments within the BCF.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:	Derbyshire
Local performance metric as described in your approved BCF plan	Number of people diagnosed and the prevalence of dementia.
Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local performance metric plan and actual	1	1	1	1	1	0		

Please provide commentary on progress / changes:	THE PLAN AND ACTUAL ARE RECORDED AS PERCENTAGES Q1 2015/16 data requried to report against this local metric is not currently available from the Primary Care Webtool. We are therefore unable to provide an actual figure for this reporting period.

Local defined patient experience metric as described in your approved BCF plan	GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondants answering "Yes, definitely" or "Yes, to some extent")
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local defined patient experience metric plan and actual:	1	0	1	0	1	1		

Please provide commentary on progress / changes:	THE PLAN AND ACTUAL ARE RECORDED AS PERCENTAGES The Q1 figures relate to aggregated data collected from July to September 2014 and January to March 2015 as reported in the July 2015 GP Survey results. Quarterly targets were not set for this indicator due to the reporting periods of the GP Survey. The target for 2015/16 has been set for Q2 reporting period which relfects the GP Survey results for January to September 2015.

Support requests

Selected Health and Well Being Board: Derbyshire

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	4.Aligning systems and sharing benefits and risks

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	No		
2. Delivering excellent on the ground care centred around the individual	No		
3. Developing underpinning integrated datasets and information systems	No		
4. Aligning systems and sharing benefits and risks	Yes	Workshops or other face to face learning opportunities	We would be open to other offers of support but this is our preferred option.
5. Measuring success	Yes	Workshops or other face to face learning opportunities	We would be open to other offers of support but this is our preferred option.
6. Developing organisations to enable effective collaborative health and social care working relationships	No		

Narrative

Selected Health and Well Being Board:

Derbyshire

Data Submission Period:

Q1 2015/16

Narrative	Remaining Characters	31,597

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.
The following provides an update to the narrative submitted for the Q4 2014/15 reporting period. Work has been undertaken by health partners informatics teams to reconcile issues between the variations in MAR, SUS and SLAM data. This has mainly been as a result of data quality issues at the main acute provider. This has now been resolved with MAR data now being correct. However, this has resulted in a revision to the MAR baseline for the Derbyshire BCF. This has also been aligned with CCG plans, although once again there are issues with SUS, MAR and SLAM. Health finance leads have also adopted an approach to resolve the payment and contracting issues arising from the variations between the different datasets. With regards to the metric measuring permanent admissions of older people to nursing and residential care homes: An audit has been undertaken to provide assurance on data quality with regards to recording of admission type. There were no errors highlighted as part of this audit. A further audit has been agreed to review a sample of placements. Work also continues in the Units of Planning Urgent Care Board/System Resilience Groups

NHS
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group
Tameside & Glossop Clinical Commissioning Group

DERBYSHIRE County Council

Arden&GEM

Better Care Fund Dashboard - Derbyshire County Council

		Exception Report	Data Source	Period	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
Delayed Transfer of Care - Monthly Performance	Delayed transfer of care from hospital per 100,000 (average number of days delayed per month)		Delayed Transfers Of Care data released monthly by NHS England - Part B - Days Delayed	2014/15	305.0	315.3	239.0	219.6	216.7	267.5	262.2	186.4	196.1	231.0	191.2	182.8	
				2015/16	258.7	211.1	175.6										

		Exception Report	Data Source	Period	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4	Trend
Delayed Transfer of Care - Quarterly Performance Against Plan	Delayed transfer of care from hospital per 100,000 (average number of days delayed per month)		Delayed Transfers Of Care data released monthly by NHS England - Part B - Days Delayed	Actual	859.3	703.8	644.6	605.0	645.4				
				BCF Plan	991.8	975.8	1007.7	968.2	961.8	953.9	985.7	964.0	

		Exception Report	Data Source	Period	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend
Non-Elective Admissions - Monthly Performance	Non-Elective Admissions (General & Acute) - Number of episodes per 100,000 population		Monthly Activity Return data released monthly by NHS England	2014	1041.9	956.4	1030.1	987.8	1042.3	1006.7	1062.0	978.9	985.7	1078.2	1009.2	1029.5	
				2015	1012.5	901.5	1000.4	975.7	977.9	960.4							

		Exception Report	Data Source	Period	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	Trend
Non-Elective Admissions - Quarterly Performance Against Plan	Non-Elective Admissions (General & Acute) - Number of episodes per 100,000 population		Monthly Activity Return data released monthly by NHS England	Actual	3028.4	3036.7	3026.5	3116.9	2914.4	2914.1			
				Original Data / Plan	3028.4	3036.7	3026.6	3117.0	3050.8	2816.1	2933.4	2933.4	

		Exception Report	Data Source	Period	Q1	Q2	Q3	Q4	BCF Plan	Trend
Admissions to residential and nursing care homes	Permanent admissions of older people (aged 65 & over) to residential and nursing care homes per 100,000 population		Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities	2014/15	707	677	703	745.4	688.4	
				2015/16	705.9				664.9	
Reablement/ rehabilitation services	Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services		Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities	2014/15	81.6%	86.6%	79.0%	87.1%	81.7%	
				2015/16	84.1%				82.5%	

		Exception Report	Data Source	Period	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	BCF Plan	Trend
Dementia	Rate of Dementia Diagnosis		Dementia Prevalence Data from the Primary Care Webtool	2014/15	59.2%	59.4%	60.0%	58.8%	58.7%	59.2%	60.2%	61.4%	64.2%	64.5%	65.5%	67.3%	67%	
				2015/16													68%	

		Exception Report	Data Source	Period	Jan-Sept '13	Jan-Sept '14	Jul '14 - Mar '15	Jan-Sept '15	Jul '15 - Mar '16	Jan-Sept '16	Trend
Patient Experience	GP Patient Survey - Q32: In the last 6 months, have you had enough support from local services/organisations to help manage your long-term condition		GP Patient Survey Results	Actual	65.62%	66.5%	64.90%				
				BCF Plan		65.9%		66.2%			

'2015' Represents Calendar Year
'2015/16' Represents Financial Year

EXECUTIVE SUMMARY

PUBLIC GOVERNING BODY MEETING

Month: 3rd September 2015

Report Title	**Transformation Programme Office Highlight Report August 2015**	**Item No.**
Recommendation	**I am asking the Governing Body to:** o ~~Approve~~ o ~~Make a Decision~~ o Note / For Assurance	

1. EXECUTIVE SUMMARY

The purpose of this report is to provide the Governing Body with an overview of the progress of the 5 year transformation programme; overseen by the Joined Up Care Board and supported by the Transformation Programme Office.

The Joined Up Care Board consists of the following partners from across the health and social care community within the south of Derbyshire:

- Derby City Council
- Derby Teaching Hospitals NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire County Council
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United
- East Midlands Ambulance Service
- Erewash Clinical Commissioning Group
- Southern Derbyshire Clinical Commissioning Group

Delivery of the transformation programme is a high risk to each of its member organisations and as a consequence the Joined Up Care Board (JUCB) and the Transformation Programme Office (TPO) were established to take forward critical work to address the significant challenges facing the health and social care economy.

This report aims to provide assurance to the Governing Body by providing information on progress against plan, both at a system and Delivery Group level where appropriate, in addition to risks and mitigation. If any additional information is required on any aspects of the work programme, please contact Lynn Wilmott-Shepherd.

2. MATTERS FOR CONSIDERATION

The Governing Body is asked to note the contents of the report for assurance only.

3. GOVERNANCE Please tick ✓ appropriate box and if appropriate add comments:

Expected completion : 2018/19		Cost implications: none from this specific report	
(D1) Are the patients receiving clinically commissioned, high quality services	✓	(D4) Does the CCG have robust governance arrangements	✓
(D2) Are the patients and the public actively engaged and involved	✓	(D5) Is the CCG working in partnership with others	✓
(D3) Are CCG plans delivering better outcomes for patients	✓	(D6) Does the CCG have strong and robust leadership	✓
Commissioning/clinical quality/safeguarding and compliance		Identification of possible risks	✓
EQUALITY ANALYSIS AND DUE REGARD Influence on the decision is evidenced in: Section/ Paragraph/Appendix	OR	It is judged that it is not proportionate on the basis that this report is for information only This completes the due regard required.	✓
Conflict of Interest: **none identified.**			
NAME	Lynn Wilmott-Shepherd, Director of Transformation (South of Derbyshire)		
SPONSOR	Rakesh Marwaha, Chief Finance Officer		
DATE	10/08/2015		

JoinedUpCare in the South of Derbyshire

Report for Adult Care Board

Date: Monday 14th September 2015

Report title	**Transformation Programme Office and Joined Up Care Board Update**

Presented by	Lynn Wilmott-Shepherd, Director of System Transformation (the South of Derbyshire)

Author	Lynn Wilmott-Shepherd

Purpose of the paper	The purpose of this report is to provide the Adult Care Board with an overview of the progress of the 5 year transformation programme; overseen by the Joined Up Care Board (JUCB) and supported by the Transformation Programme Office (TPO). The Joined Up Care Board (JUCB) consists of the following partners from across the health and social care community within the South of Derbyshire: - Derby City Council - Derby Teaching Hospitals NHS Foundation Trust - Derbyshire Community Health Services NHS Foundation Trust - Derbyshire County Council - Derbyshire Healthcare NHS Foundation Trust - Derbyshire Health United - East Midlands Ambulance Service - Erewash Clinical Commissioning Group - Southern Derbyshire Clinical Commissioning Group Delivery of the transformation programme is a high risk to each of its member organisations and as a consequence the JUCB and the TPO were established to take forward critical work to address the significant challenges facing the health and social care economy. See Appendix A for update. If any additional information is required on any aspects of the work programme, please contact Lynn Wilmott-Shepherd (Lynn.Wilmott-Shepherd@erewashccg.nhs.uk).

Key matters for consideration and recommendations	1. An update of the actions of the TPO 2. The key messages and priorities of the JUCB's September meeting.

JoinedUpCare in the South of Derbyshire

APPENDIX A

Transformation Programme Office and Joined Up Care Board Update September 2015

1. Introduction

The whole system Transformation Programme Office (TPO) was established in response to the South Derbyshire Five Year Transformation Strategy signed up to by the health and social care partners in the South Derbyshire Unit of Planning and supports the Joined Up Care Board (JUCB) in its enactment and delivery.

The remit of the TPO is to inject pace, provide direction for both Delivery and Enabler Groups and to ensure that implementation is timely and in line with the Transformation Strategy.

This report aims to provide assurance by providing information on the TPO's progress, identified risks and mitigation; both at a system and Delivery Group level where appropriate.

2. Progress and completed work – August 2015

2.1 Emerging approaches to commissioning to support new models of care:

- Researched and written paper to commence exploring new ways of commissioning
- Reviewed resources currently being allocated to this work in Nottingham
- Held teleconference with KPMG to further research and learn from their experiences.

2.2 System Change Plan:

- Held meetings with the Chief Officers of E/SDCCG's to agree the outline of the plan
- Met with Sue James and Kevin Downs to ensure the plan would be dual purpose and meet Monitor requirements
- Researched, written and collated a draft plan.

2.3 On-going support to Delivery Groups:

- The TPO continues to work with Director, Manager and Clinical Leads to assist in removing barriers or obstacles to delivery e.g. meeting with Andrew Wall re: Private physio N3 connection, planned meeting with Nicky Hinchley regarding care records.

2.4 'Speed Dating':

- The TPO facilitated an event for all delivery groups and workstreams to ensure they were aware of on-going work, potential overlaps and areas where there could be shared learning
- Overall feedback was that the event achieved the initial aims (in a fun way!) and has helped workstreams to connect in a meaningful way i.e. meetings that would help improve connectivity, work in one area which would save time in another by sharing lessons learnt and genuine offers of practical help and support.

2.5 Whole System Transformation Group:

- Agenda and papers circulated
- The TPO will continue to support this group.

2.6 Workforce:

- Met with Rachel Wingfield at EMLA with regard to the work they can assist with. Awaiting feedback post holidays
- Spoke with Amanda Rawlins to ensure all co-ordinated re: EMLA, BCF and other issues
- Agreed circa £250K BCF funding for ACP training county wide
- Met with Karen Scott.

2.7 Other Activities

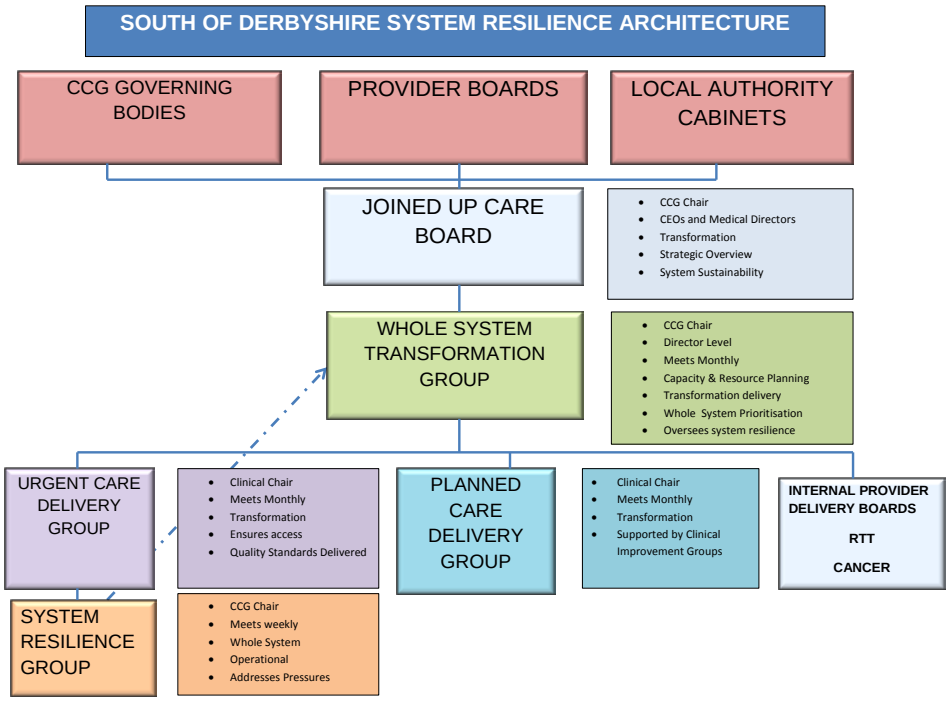
- Contributed to KPMG video based on Phase 2 and 3 of the work
- Working with PI on Care Home dashboard with key people involved; assisting with webinar
- Arranging a visit with PI and Nigel Edwards to review the work completed with the FEAT team
- Met with the Deputy Chief Fire Officer to look at areas of partnership working.

3. Key messages from 3rd September's Joined Up Care Board

The key messages from the Joined Up Care Board and priorities to be progressed were:

3.1 System Resilience architecture

A diagram had been presented to the Whole System Transformation Group outlining the various groups fulfilling the resilience function. The diagram was agreed at the JUC Board (see below).



3.2 Critical Friend

The job description was agreed, with a minor amendment regarding the need to have an overview of risks rather than deal with the specifics: this will be updated. Members of the JUC Board were asked for any suitable nominations to be sent to the TPO who will co-ordinate the process. A small group will be responsible for recruiting a critical friend; Perveez Sadiq, Ifti Majid, Andy Layzell and Rakesh Marwaha with support from Lynn Wilmott-Shepherd.

3.3 Communications

- Stakeholder event: this will be held on 5th November directly after the JUC Board. Communications will be organising the event in conjunction with the TPO
- Communications and Engagement Strategy: this will be circulated and will potentially need to change to reflect the system change plan
- Generic JUCB slides for use at AGM: these are purposely at a fairly high level with the agreed messages to ensure consistency. There were some suggestions for changes to the slides which included issues within local authorities, the need for change to ensure better patient care within a finite resource and the savings as a proportion of total spend etc. It was agreed that these slides would form the key messages at a system level with organisations adapting to include local imperatives etc.

3.4 JUCB revised terms of reference (ToR)

These were agreed and are available from the TPO

3.5 Whole System Transformation Group (WSTG)

The ToR was reviewed and a concern was raised about the lack of Public Health input. Assurance was given that discussions had taken place and there are plans to include input at a delivery group level, where this does not already take place. The effectiveness of this will be reviewed in six months. There was a suggestion that a review of outcomes and shifts of finance need to be added to the responsibilities of the group. The ToR are available from the TPO.

3.6 Emerging approaches to contracting

- A paper was presented looking at potential contracting models and the current position i.e. block, tariff etc. It was stressed that this is highly complex owing to the number of players. All agreed that changes to contracting will be necessary in order to really make whole system change. It was agreed that contracting is a means to an end and not an end in itself. The JUC Board felt that there is a need for dedicated investment into driving forward the potential models, with greater finance and analytical support. It was suggested this could work county wide. The TPO will work with the WSTG to put forward a proposal for resource
- Following discussion it was agreed to pilot 3 areas, using different contracting methods:
  - Erewash Multi-speciality Community Provider (MCP): capitated budget/alliance contract
  - Diabetes pathway: disease specific and outcome based
  - Mental Health: lead/prime provider
  - A fourth area (Learning Disabilities) may be added following discussions within the BCF Programme Board.
- There is a need for scenario planning and detailed analytical and financial information to support the changed approach. In addition to the above pilots there will be a co-ordinated approach to aligning incentives within contracts for 2016/17.

3.7 System Change Plan

This was discussed and was generally accepted with some changes on the way the savings were presented and additions to the delivery group timelines. However, there was a general feeling that more needed including on the issues and risks surrounding workforce and IM&T. These were thought to be potential 'show stoppers' and so needed more explicitly mentioned. The TPO will coordinate the changes. It was agreed the final version of the plan with these changes will be circulated to members for 'virtual sign off' by JCUB; organisations may wish to take the plan to their Boards for endorsement.

3.8 TPO update

The JUC Board asked for more focused feedback with less words and RAG rating of progress against plan, etc. The TPO will relook at the report. The Board also asked for updates from enabler groups. In addition the BCF Dashboard was presented as a way of demonstrating how we were performing as a system. It was agreed that this did not adequately demonstrate progress in key areas. The TPO will work with colleagues in order to find an interim solution prior to the full dashboard being available.

3.9 Multi-speciality Community Provider (MCP)

The value proposition (plan) has been submitted and an outcome is awaited on the decision and level of funding that will be committed. However, there is a need to get work streams up and running quickly and agree areas that will need to proceed at risk, particularly in some areas around primary care. Detailed work on implementation is ongoing and areas which will proceed at risk will be agreed at the next MCP Partners Board on 8 September.

3.10 Mental Health service changes

Changes are designed to move services to the left of the wedge i.e. increased community services. Complications are around the series of moves required around inpatient services - these will need further discussion and consultation. All agreed that this change is whole system and needs to be viewed in that way i.e. includes Adult Care, Voluntary Sector etc. It was agreed that as one of the first major transformation changes under the JUC banner, a review of the process and lessons learnt would be undertaken.

3.11 London Road site

The Board were informed of the work being undertaken by the WSTG and the paper which is being presented to help commence the short term changes required on the site. There is also a need to take a longer term view which is also being forward by the WSTG.

3.12 Derby/Burton

An update was given about current joint working i.e. looking at proof of concept for working together on certain areas to help improve patient access and reduce costs; this is being led by Medical Directors.

3.13 Risks

The current risk register was noted but the TPO was asked to review in detail to ensure that all strategic risks, which will not be identified by individual Delivery Groups, are captured. The JUCB also asked that closed risks and risks below 15 which have been removed from the presentation for the Board are still visible.

4. Immediate priorities and actions for next month

The immediate priorities for the TPO within the next month are:

- Assist with the recruitment of a Critical Friend
- Risks – increase the level of detail within the risk register
- Following discussion with the WSTG costing for the implementation of the South of Derbyshire whole system transformation dashboard – initial contact with GEM prior to this. Coordinate an interim solution for a system wide dashboard; the TPO will work with

colleagues in order to find an interim solution prior to the full dashboard being available

- Finalisation of South Derbyshire Change Programme Plan following Board sign off in September – circulate amongst key stakeholders
- Revaluate the level of project support required within the Delivery Groups
- Support establishment of the whole system transformation group
- Follow-up actions from meeting with Fire and Rescue Service – aim to implement several projects
- Follow-up WSTG actions post initial review of the London Road site
- PI Webinar
- Follow-up conversations with Cambridgeshire, Wiltshire and NW London.

NHS
Southern Derbyshire
Clinical Commissioning Group

Governing Body Meeting
Friday 21st August 2015

Report Title: Transformation Programme Office Highlight Report

Item No: 11 Paper: K

PRESENTER	Andy Layzell
AUTHOR	Lynn Wilmott-Shepherd

BACKGROUND AND PURPOSE

The purpose of this report is to provide Southern Derbyshire CCG's Governing Body with an overview of the progress of the 5 year transformation programme; overseen by the Joined Up Care Board and supported by the Transformation Programme Office.

The Joined Up Care Board consists of the following partners from across the health and social care community within the south of Derbyshire:

- Derby City Council
- Derby Teaching Hospitals NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire County Council
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United
- East Midlands Ambulance Service
- Erewash Clinical Commissioning Group
- Southern Derbyshire Clinical Commissioning Group

Delivery of the transformation programme is a high risk to each of its member organisations and as a consequence the Joined Up Care Board (JUCB) and the Transformation Programme Office (TPO) were established to take forward critical work to address the significant challenges facing the health and social care economy.

This report aims to provide assurance to the Governing Body by providing information on progress against plan, both at a system and Delivery Group level where appropriate, in addition to risks and mitigation. If any additional information is required on any aspects of the work programme, please contact Lynn Wilmott-Shepherd.

RECOMMENDATIONS

The Governing Body is asked to note the contents of the report for assurance only.

FINANCIAL IMPACT

There is no direct financial impact from the creation of this report. However, the Finance and Estates Enabler Group are currently refreshing the financial implications of the transformation programme and the output will be reported in future months.

PATIENT, PUBLIC AND STAKEHOLDER INVOLVEMENT
This report is a summary of other documents and plans that have been previously presented to the Joined Up Care Board. It summarises aims and plans which have, as appropriate, had input from other stakeholders and engagement with the public and patients.

EQUALITY AND DIVERSITY IMPACT
None at this stage of the programme development.

ANALYSIS OF RISK
The TPO has a full risk log of the programmes' key issues; which is available if required by contacting Lynn Wilmott-Shepherd.

Transformation Programme Office Highlight Report
August 2015

1. Introduction

The whole system Transformation Programme Office (TPO) was established in response to the South Derbyshire Five Year Transformation Strategy signed up to by the health and social care partners in the South Derbyshire Unit of Planning and supports the Joined Up Care Board (JUCB) in its enactment and delivery.

The remit of the TPO is to inject pace, provide direction for both Delivery and Enabler Groups and to ensure that implementation is timely and in line with the Transformation Strategy.

This report aims to provide assurance by providing information on progress against plan, identified risks and mitigation; both at a system and Delivery Group level where appropriate.

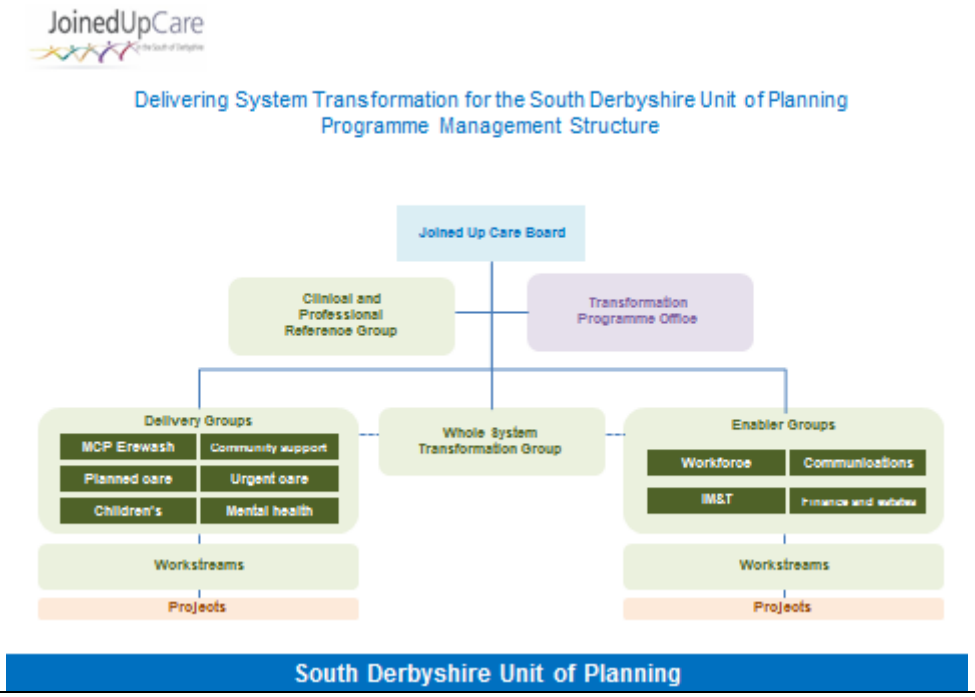
2. Progress and completed work

Revised scope of the Joined Up Care Board

- The revised scope of the JUCB was discussed at the meeting on the 6th August
- It was agreed that the JUCB will be an assurance board and offer strategic guidance; with the detailed planning taking place within a soon to be established Whole System Transformation Group (WSTG)
- There are a number of strategic service priorities which will be overseen by JUCB. The initial list includes London Road Community Hospital, Strategic Shifts and Belper; however, this is not exclusive and the monthly agenda will be flexible to ensure priorities are discussed.

The creation of a Whole System Transformation Group

- The WSTG will provide a resilience function and the revised governance structure would be as follows:



- The purpose of the WSTG is to drive and accelerate the transformation agenda by providing the following:
    - detailed planning
    - an oversight of short to medium term capacity issues
    - an awareness of the interdependencies and impact of cost improvement programmes (CIPs) across the system (and to report on these and/or escalate back to the JUCB)
    - urgent strategic decisions.
- The WSTG will be at Director level with attendance from Delivery Group and Enabler Group Lead Directors, Provider Transformation Directors/Chief Operating Officers, GPs and the TPO; although final membership is still to be agreed.

The role of Transformation Programme Office

- The role of the TPO was discussed at the JUCB on the 6th August. Whilst it was acknowledged that there would be reduced capacity with the conclusion of KPMG's contract, it was felt that the TPO should continue with the same establishment but supported by Nina Ennis until the end of November 2015.

Critical Friend

- The JUCB will be seeking to recruit a critical friend; their role will be refined over the coming weeks.

Delivery Groups

- Appendix A provides high level information of the structure of the Delivery Groups and the workstreams they are leading on.
- The first set of monthly Delivery Groups highlight reports (excluding the Erewash MCP) have been presented to the Joined Up Care Board; copies can be requested via the TPO
- The concept of medium term financial targets for Delivery Groups was discussed at the JUCB and but were not supported
- There was a consensus for using alternative commissioning and contracting arrangements and a scoping paper will be brought to the September JUCB.

Workstream Initiation Document (WIDs)

- All WIDs at varying stages of completeness have now been submitted to the TPO
- Delivery Groups will not be required to resubmit any part of the WID. Instead, as per discussions at the 2 July Joined Up Care Board Workshop, Delivery Groups have been given 'permissive direction' to carry out planned transformation programmes.

Dashboard Update

- The Whole System Dashboard scoping paper was discussed at the July JUCB and supported as it is not yet possible to report the progress of the South of Derbyshire Transformation Programme against plan. It is now in the process of being costed and developed; recognising that some of the data is not readily available
- An interim 'Flash' Dashboard was presented at the August JUCB. The Board felt that this did not sufficiently show progress against targets and it was suggested the Better Care Fund Dashboard would be more appropriate as an interim reporting mechanism.

Better Care Fund (BCF)

- The complex mapping of the BCF projects against the Delivery Groups and workstreams is now complete and will be used going forward to better understand the links between BCF and the South of Derbyshire Transformation Programme.

Joined Up Care Stakeholder Launch Event

- The JUCB supported proposals for a Stakeholder Launch Event in mid-October. The detailed plan will be presented to the JUCB in September.

3. Immediate priorities and actions for next month

The immediate priorities for the TPO within the next month are:

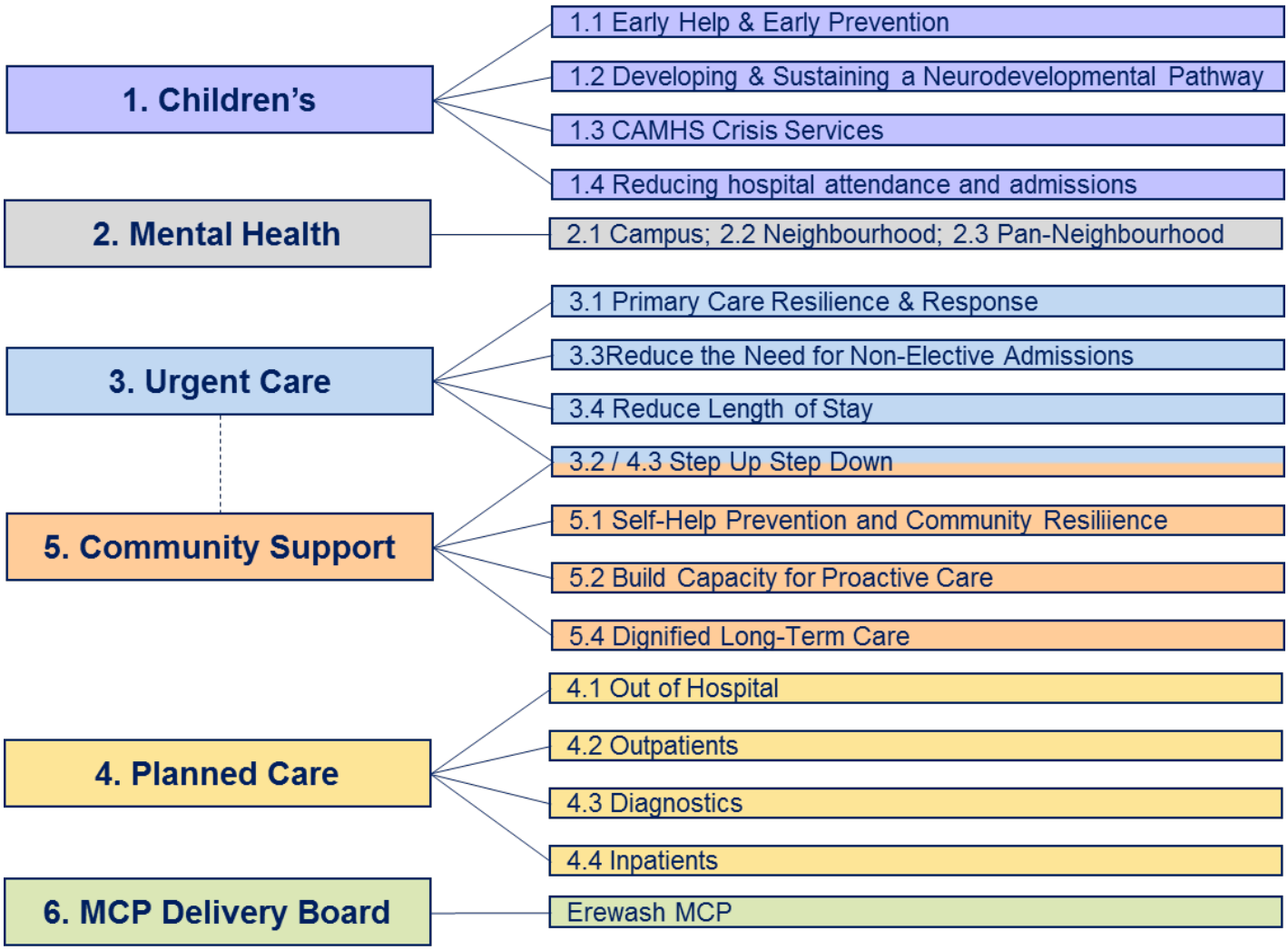
- To facilitate a 'Speed Dating' event with the Delivery Groups to enable them to have a better understanding of their interdependencies and how all the different workstreams fit together into a single transformation plan
- The preparation of the South Derbyshire Transformation Programme Plan for the JUCB to ratify in September
- The costing for the implementation of the South of Derbyshire Whole system transformation dashboard
- To support the Delivery Groups in their undertaking of a Plan Do Study Act (PDSA) approach to the quick implementation of projects. There will be an emphasis on the 'study' component once the project is implemented by facilitating cross discussion across Delivery Groups and workstreams
- To provide support to CCG teams post the recruitment process for the transformation project management staff
- To support the establishment of the Whole System Transformation Group.
- To agree Enabler Group work plans
- To map the Clinical Improvement Groups to the transformation programme
- To ensure that valuable learning from the Erewash Multispecialty Community Provider Vanguard is utilised and embedded across the system.

4. Risks and mitigation

The TPO holds a full log of the programmes' risks; however, key issues for the TPO are:

- The Delivery Groups are at different stages of establishment and the overlap between groups will cause delays in the implementation of transformation. Firm direction on the overlap of delivery groups is therefore required moving forward and this will be supported by the TPO's 'Speed Dating' event
- Insufficient communication on the transformation strategy between providers; this will be mitigated against by mapping out the transformation delivery groups across all the stakeholders that comprise the JUCB
- Insufficient representation/capacity in primary care to reach a consensus on managing the potential increase in demand as activity shifts from to primary care and the community.

Appendix A: Delivery Groups and their workstreams



Agenda item ?

DERBYSHIRE HEALTH AND WELLBEING BOARD

DATE 10th September 2015

Intelligence Report from Healthwatch Derbyshire

With particular emphasis on our new reports:

CAMHS and Autism Pathway

Purpose of the report

To present the findings and recommendations of our CAMHS and Autism Pathway Reports.

Our progress in other areas of work is also outlined in the report.

Information and analysis

Both reports give qualitative accounts of patient experience. This experience has been themed and summarised.

A summary of the findings for both reports can be found in the Intelligence Report attached.

RECOMMENDATIONS

Recommendations for both reports can be found in the Intelligence Report attached.

These recommendations are currently being considered by the service providers and responses should be available by the time the Health and Well-being Board meet on the 10th Sept.

It is Healthwatch Derbyshire protocol that the full reports cannot be circulated until these responses have been provided and included in the reports. I will endeavour to ensure that the full reports can be circulated at this meeting, or before as soon as responses are received.

Name: Karen Ritchie
Job title: Chief Executive
Organisation: Healthwatch Derbyshire

Intelligence Report – August 2015

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

All our reports can be found at www.healthwatchderbyshire.co.uk/reports

Current Areas of Work

Discharge from Hospital

We continue to feed evidence into the Health Improvement and Scrutiny Committees review of Acute Hospital Discharges (this review was planned as a result of evidence presented by Healthwatch Derbyshire), which is looking at the current processes used to discharge patients, identify delays and other obstacles, and ascertain potential improvements which could be implemented to achieve a more efficient discharge process and better patient experience.

Acquired Brain Injuries Service Evaluation

This report has not been published due to the sensitivity of the information in the report, i.e. the majority of information is provided through detailed patient stories which could lead to people being identified. Our findings supported the guidance outlined in NICE QS74.

Recommendations made:

- More work needs to be done to prevent head injuries falling through the net. This will undoubtedly involve the engagement of GPs in education and training to recognise and diagnose head injuries, but also more timely investigations and treatments by A&E departments.
- There is a need for better co-ordinated services, to ensure positive outcomes for people with head injuries which should include any rehabilitation/support package post discharge.
- There is a need for families and carers to be recognised and, if appropriate, involved in the investigation, treatment and care of someone with a head injury.
- The availability and accessibility of information and support around brain injuries needs to be evaluated to see if it is adequate to meet the needs of both the patients and their carers, and should encourage self-referral. Information should be transparent about waiting times.

We have received a responses from Chesterfield Royal Hospital NHS Foundation Trust, NHS England and a combined response from the 4 Derbyshire CCGs through GEM.

Several recommendations from the report are picked up in the CCG's responses as requiring further development. These are information and signposting on discharge from hospital and training for GPs to be more readily able to recognise signs of brain injury. The response concludes by saying that the, "Healthwatch Derbyshire report offers evidence to support Health and Social Care Commissioners to revisit the current structure

and function of acquired brain injury services in Derbyshire, with an aim of developing a more coherent service which supports a person and their families to better effect."

The NHS England response also makes practical suggestions regarding the issue of GP training surrounding acquired brain injury.

Further Action Required

Subsequent actions in line with these responses have been followed up by Healthwatch Derbyshire with GEM, who have sent an acknowledgement and stated that an update will follow.

Carer's Discussion Paper

We continue to work proactively with, and monitor the impact of, this Discussion Paper which was published in 2014. The Discussion Paper summarises the comments and experiences of the carers we engaged with as part of a themed engagement activity, and gives a real and authentic insight into the experiences of carers when using health and social care services.

For a summary of responses to the paper and to assess the impact it has had, please go to: http://www.healthwatchderbyshire.co.uk/sites/default/files/carers_discussion_paper_-_summary_of_actions_0.pdf

We held a Young Carers Summit in partnership with DCHS on the 27th July 2015, this was a multi-agency summit to focus attention on how to improve support for the 1,600-plus young carers in the county. The aim was to kick-start greater awareness of the plight of young carers, aged 5 – 18 years, whose childhood is affected by caring responsibilities at home for another family member because of disability or illness, as well as young adults up to 25 years whose chances of employment and building relationships are severely affected by caring for someone at home.

All the agencies involved will meet again on 30th October 2015 to take the work forward.

In the meantime, participants have committed to raise awareness within their own organisations and to look for opportunities to extend the support available to young carers. Each representative at the meeting made a pledge about how they would progress this work.

Further Action Required

Next Young Carer's Summit meeting 30th October 2015.

Homecare Services Report

This piece of work was designed to engage with users of domiciliary care services and their carers, friends and family in order to strengthen their voice and to play an active part in how domiciliary services are delivered and designed in the future. It was published in June 2015.

Overall respondents were positive with the majority indicating that they were very satisfied/satisfied with the care they, or their loved one, received.

Of the three main negative themes identified the lack of consistency with the carers visiting the service user was the most common issue. Some dissatisfaction was reported with either administrative functions or poor communication with managers. There was also some dissatisfaction with lack of consistency with the timings of the home visits.

The full report can be found here: http://www.healthwatchderbyshire.co.uk/homecare-services-service-user-experience-report

The response from Derbyshire County Council stated that although the report was very positive, all of the suggestions for improvement will be shared with managers and staff and, where possible, responded to.

It was also stated that, "As part of our commitment to continuous improvement we will distribute the feedback to all of our home care service locations with an expectation that the Registered Manager will provide an action plan to respond to comments and concerns. The results of the survey will be shared with all of our care workers as part of their team meetings and this will both support engagement with developing action plans for improvement and reinforce the positive feedback about good practice that people have shared. This information will also be shared with the Care Quality Commission on inspection."

Further Action Required

We will follow up on any action taken in the autumn. We can also report that the Improvement and Scrutiny Committee – People have put Homecare on their agenda for next year to revisit this work.

New

Autism Pathway Report

The purpose of this Service Evaluation was to give parents and carers the opportunity to talk in more detail about their experiences of the Autism Pathway in Derbyshire. We looked at the experiences of the pathway, not at particular professionals, departments or issues.

As the pathway operates differently in the North and South of Derbyshire, due to how services are organised, we conducted the study countywide, but also compared experiences between the North and South.

This Service Evaluation gathered qualitative accounts of 26 parent carer experiences of Derbyshire County Council's Autism Pathway over a 12 month period.

Summary of Findings

Several overarching themes emerged during the Service Evaluation, these were:

- Education
- Impact on families
- Communication

- Waiting times
- General Practitioners
- CAMHS
- Diagnosis
- Support for parent carers during and after diagnosis

There wasn't a substantial difference between the experiences of parent carers in North Derbyshire compared to South Derbyshire.

Education

- All parent carers recalled experiences of education.
- Parent carers reported that there needs to be an improvement in support and recognition of the signs of Autism in Education.
- Parents felt that their child was not receiving adequate and/or sufficient support to meet their child's needs. This impacted on their child not wanting to go to school, being bullied and socially isolated, or even temporarily suspended due to teachers not being able to handle the child's behaviour.
- Parents also felt that they hadn't been listened to.
- Parents spoke about a reluctance of schools to make referrals to the educational psychologist.
- There were some examples of good proactive help given to parent carers by staff, but this was not consistent.

Impact on Families

- The impact on families was discussed in most interviews. Most parent carers expressed difficulties dealing with the situation, and feeling at crisis point.

Communication

- There seemed to be a lack of clarity amongst parent carers as to who was the first port of call to trigger a referral to the Autism Pathway.
- For the majority of parents it was stated that there was some form of communication breakdown at some point during the Autism Pathway. Issues in communication ranged from parent carers being unaware they were on the ASD pathway, causing a sense of confusion and frustration of what was going on, to errors and delays in the administration process.
- Parents stated that they had to repeatedly tell their experience to different professionals.

Waiting Times

- All parent carers stated that they had experienced significant waiting times to see various professionals.
- Some parent carers however understood the pressures that certain departments were under.

General Practitioners (GPs)

- Some parents felt that GPs were hesitant or unaware of who and where to make appropriate referrals to so that parents were quickly and efficiently being directed to the correct part of the system for help.
- Some parents spoke highly of their GP and found them very understanding.
- There was frustration amongst some parents that their GP has said that a referral would be made to a Paediatrician, but when appointments were chased up months down the line no referral had been made.

Child and Adolescent Mental Health Services (CAMHS)

- Some families also had contact with CAMHS.
- The majority of these experiences were recalled by participants in the North.
- When there had been CAMHS intervention with families, from the interviews it didn't seem to have been explained clearly to parents as to what the link is with the Autism Pathway.

Diagnosis

- There was an overwhelming sense that all parents wanted to know if their child was autistic because of the impact this would have on their child's future in terms of education, employment, relationships and if they would be able to live independently.
- Parents made positive comments regarding the autism diagnosis appointments.
- There were mixed feelings about the amount of information given. Some would have preferred detailed information whereas others were happy with what they were given.
- Those families who received a diagnosis felt they could move forward in getting the right support and intervention for their child. They felt relieved.
- A large number of parents said that their initial instinct was right and wished that the professionals would have taken this on board much earlier in the process.
- Some stated that information was not given to them in plain English, some parents felt that it was meaningless because they didn't understand.

Support for parent carers during and after diagnosis

During diagnosis:

- Many parent carers said that they were offered some sort of support whilst they were going through the pathway.
- Others said they found great difficulty in getting appropriate support, or knowing where to get it from.
- Some parent carers stated that they were referred for inappropriate support.
- A large number of parents said they were unaware at which point the Autism Pathway had started.
- Parent carers interviewed found the pathway very difficult due to the amount of clinicians, professionals and assessments involved. There was a sense of confusion and lack of understanding as to where they were in the process.
- Parent carers felt they had to find out a lot of information themselves.
- All parents stated that they were the experts with their child and they knew them inside and out. There was a feeling that not all professionals listened to their views and some were quick to say that parents shouldn't want to label their child.
- It was stated that there was a lack of sibling support.

Post diagnosis:

- All the parent carers who had attended the Autism Workshop or Understanding Autism Course (the details of which course or workshop was attended was not clarified with participant who tended to refer to them both as workshops) spoke very positively of them in North and South Derbyshire.
- Some parents shared their positive experience of getting support from a clinician at a support group.
- Parents commented on how great it was to be able to visit the clinician to get advice on different matters relating to their children on the Autism Spectrum.
- Only one parent carer spoke about being offered a follow up appointment after the diagnosis.

- Some parent carers didn't feel they received support post diagnosis, i.e. they weren't invited to attend the workshop/course, or weren't signposted to support.
- In South Derbyshire participants particularly stated that they had difficulty accessing support services as they weren't local to them. Most of the activity took place in Derby City, Matlock or Chesterfield. To parent carers the term 'local' meant within their district.
- Parents said that they really valued access to parent led support groups, they found that they could learn new coping strategies, meet new friends and share similar stories.

A large majority of experiences related to education which is technically beyond the remit of Healthwatch, however we would be willing to work with agencies to address this area.

Recommendations made (full recommendations can be found on page 22 of the report):

- Increase awareness in education for teaching staff to recognise the signs of autism and to implement the appropriate support.
- Increase provision in appropriate support/advocacy for parent carers with children and the Autistic Spectrum and co-existing mental health problems.
- Increase provision of information to guide the parents through the pathway, to include the roles of the different professionals, what should happen at each assessment and local/national information.
- Ensure parent carers are aware that follow up appointments are available following diagnosis, when they are available and what their purpose is.
- A single point of contact, where the parent carer could communicate in order to be kept up to date with where they are in the process, and where they can access support to avoid getting to 'crisis point'.
- More courses need to be offered to parents whilst they are going through the pathway to help them with coping strategies.

Current Status

This report is not available to view as it is currently with the Autism Co-ordination Group for a response. The chair of this group is Linda Dale, Head of Commissioning and Partnerships, Children & Younger Adults Department. The response is due by 11th September. The response will be included in the published report.

New

Child and Adolescent Mental Health Services (CAMHS)

There are two reports, one for the North and one for the South of the county due to different service providers. The reports illustrate experiences of using CAMHS in Derbyshire, as told by young people, parents, carers and professionals.

Qualitative accounts are given in 29 interviews in total. Many of these interviews were conducted at CAMHS clinics, which gave the benefit of being able to talk to participants about their experiences at the point of service delivery.

Summary of Findings

The experiences suggest that some parts of the service work well, and others not so well.

The clearest example of this relates to the relatively high number of negatives, compared to positives, regarding referrals and diagnosis. Sometimes participants spoke about a real challenge to get into the service in the right place, at the right time – although there were positives in this regard too. All comments regarding diagnosis were negative.

Conversely, there were many positive comments regarding quality of staff, the quality of the service and the seemingly positive impact for those using CAMHS, with only a few examples of negative experiences.

In short, the information suggests that the main difficulties lie in getting into CAMHS and going through the referral and diagnosis process. Once participants were 'in' the CAMHS service, they were generally very positive about the experience.

Recommendations made:

Based on the information provided in both reports, the recommendations are that service providers consider the following (recommendations were subtly different in the North and South, the list below is a combination of both):

- The referral system and the difficulties highlighted in getting referred to CAMHS.
- The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.
- The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
- The implications of delayed diagnosis on both the young person and the parent or carer.
- Appointment timings are reviewed to allow improved access to appointments out of school/work hours.
- The unique situation of children in foster care.
- The implications of placing young people in out of county beds.

Current Status

This report is not available to view as it is currently with the Service Providers for response. Responses are due by the end of August, and will be included in the published report.

New Enter and View Reports

- Chesterfield Royal Hospital NHS Foundation Trust Eye Clinic
http://www.healthwatchderbyshire.co.uk/sites/default/files/chesterfield_royal_hospital_enter_and_view_visit_report.pdf

- Canal Vue Care Home
http://www.healthwatchderbyshire.co.uk/sites/default/files/canal_vue_care_home.pdf

- Whittington Care Home
http://www.healthwatchderbyshire.co.uk/sites/default/files/final_report_whittington_care_home.pdf

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Upcoming Reports

- Summary report - experiences of using cancer services – to be published August 2015.
- Brimington Care Centre Enter and View Visit – to be published August 2015.
- Learning Disabilities and reasonable adjustments in universal services – to be published October 2015
- Physical Disabilities and reasonable adjustments in universal services – to be published October 2015

Current Priorities – September – November 2015

- Exploring access to dental treatment on the NHS.
- Engagement activity with Children and Young People.
- Raising awareness amongst the general public of the need for service re-design.

healthwatch Derbyshire

Child and Adolescent Mental Health Services (CAMHS)

Experiences of using CAMHS in North Derbyshire, as told by young people, parents, carers and professionals.

Helen Hart
July 2015

CONTENTS

1. Acknowledgement

Many thanks to the CAMHS team for their support and for making our staff feel welcome. We would also like to thank the participants who gave up their time to talk to us.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all young people, parent, carers and professionals who have experience of CAMHS, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that young people, parents, carers and professionals have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to compliment, other sources of data that are available.

3. Background

3.1 Healthwatch Derbyshire

Healthwatch Derbyshire is the local consumer champion for health and social care. The Healthwatch network is made of up of local Healthwatch across 148 local authority areas and Healthwatch England, the national body.

Healthwatch has a common purpose – to ensure the voices of people who use services are listened to and responded to. The network shares a brand, has common values and comes together to work on priority areas and campaigns.

Local Healthwatch work to provide unique insight into people's experiences of health and social care issues in their local area; Healthwatch Derbyshire is the eyes and ears on the ground finding out what matters to our local community.

3.2 Child and Adolescent Mental Health Services (CAMHS)

There is currently a national focus on CAMHS led by the Children and Young People's Mental Health and Wellbeing Taskforce which was established in September 2014 to consider:

- Ways to make it easier for children, young people, parents and carers to access help and support when needed; and
- How to improve the way children and young people's mental health services are organised, commissioned and provided.

The Taskforce produced a report in March 2015 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. This report includes recommendation for both transformation changes, to begin as soon as possible, and a number of longer-term aspirations to be achieved by 2020, to allow for work to be aligned with the NHS Five Year Forward View.

The report highlights a number of key drivers for this change, which are as follows:

- One in ten children require support or treatment for mental health problems.
- 75% of adult mental health problems (excluding dementia) develop by the age of 18.
- In an average class of 30 schoolchildren, three pupils will suffer from a diagnosable mental health disorder.
- A treatment gap exists where only 25%-30% of those with a diagnosable mental health condition accessed support.
- Demand is increased for services, especially for young women with emotional problems and young people presenting with self-harm.
- Early intervention and prevention in childhood can avoid expensive and longer term interventions in adulthood. For example, children with early conduct disorder are 10 times more costly to the public sector by the age of 28 than other children.
- There is a cost benefit to society of tackling mental health issues early in life. These benefits are achieved through the reduction in use of public services due to better mental health and by increased earnings associated with the impact of improved mental health on educational attainment.
- In some areas there is a poor provision of out-of-hours, crisis point and psychiatry services and some local authorities do not have a Care Quality Commission (CQC) recorded place of safety.
- The Taskforce noted a lack of clear leadership and accountability arrangements for children's mental health issues across agencies, including Clinical Commissioning Groups (CCGs) and local authorities, creating the potential for individuals to 'fall through the net.'

The report focuses on 5 key themes, and makes a range of recommendations to improve the structure, delivery and transformation of services.

1. Promoting resilience, prevention and early intervention.
2. Improving access to effective support – a care system without tiers.
3. Care for the most vulnerable.
4. Accountability and transparency.
5. Developing the workforce.

Locally:

- Services are reporting an increasing concern about self-harm. CAMHS report a sharp increase in around 10% in referrals. Self-harm and eating disorders feature prominently in this increase.
- In 2013-14 the rate of hospital admissions of 10-24 years olds in Derbyshire due to self-harm was 377.5 per 100,000, above the 2012-13 national average.
- The number of Derbyshire young people who require Tier 4 (in-patient) CAMHS placements remain low in comparison with other areas, however numbers have increased sharply over the past 3 years (up from 5 in 2011/12 to 30 in 2013/14). Trends in Derbyshire are in line with an increase in Tier 4 placements nationally.

Local response to 'Future in Mind': The Derbyshire CCGs, Derbyshire County Council and Derby City Council are working together to plan a response. A transformation plan will be

required imminently to release additional funding to address developments/improvement to CAMHS.

4. Rationale for the Report

In addition to an awareness of the national and local focus on CAMHS, Healthwatch Derbyshire had received a cluster of comments from users of CAMHS, which were of mixed sentiment. This led Healthwatch Derbyshire to choose CAMHS as a work priority from January – March 2015. The aim was to explore these experiences in more detail, to find out what was working well, and what could be improved.

It is the hope that this report will provide service providers and commissioners with some useful insight into how service users experience CAMHS, support service development plans and provide suggestions for improvement.

5. Methodology

From January - March 2015, our 4 Engagement Officers spent their time out and about in the community, at groups and in CAMHS clinics listening to what people had to say about CAMHS.

This report covers the comments made in 29 interviews. Many of these interviews were conducted at CAMHS clinics, which gave the benefit of being able to talk to participants about their experiences at the point of service delivery. Some participants also spoke about experinces of using other services not provided by CAMHS. Although this was not the focus of this piece of work, these experinces are included in this report for completeness.

Our Engagement Officers developed a series of discussion prompts to use when talking to young people, parents, carers or professionals about their experiences of CAMHS. These prompts were very broad and covered experiences during referral and access to the service, what it was like to use the service, the quality of care they received and if they felt it was helping. These prompts were used informally to help steer the conversation when necessary but staff used a flexible approach with this as a prompt sheet rather than a formal interview style. This is because although questionnaires or structured interviews would have given more measurable data, this could have been a barrier to engagement.

The 29 interviews conducted were a mixture of young people using CAMHS services, parents, carers, and professionals.

All responses have been themed and are outlined in the findings section of this report.

The reasons for referral (where known) included:

- Anxiety
- Panic Attacks
- Self-Harming
- Depression
- Suicidal
- Attachment Disorder
- ADHD

6. Information and Signposting

In addition to ensuring that the voices of service users, patients and the public are heard by decision makers within health and social care, we also provide an information and signposting service to the public about accessing health and social care services.

During this piece of work Engagement Officers signposted many participants to a combination of groups, including Think Carer, Derbyshire Carers, Derbyshire County Council for a Carer Assessment, Parenting Additional Needs, Chesterfield Community Farm and Everyone Hurts.

7. Summary of Findings

There are patterns in these experiences that would suggest that some parts of the experience works well, whilst others do not work as well.

The clearest example of this relates to the relatively high number of negatives, compared to positives, regarding referrals and diagnosis. Sometimes participants spoke about a real challenge to get into the service in the right place, at the right time – although there were positives in this regard too. All comments regarding diagnosis were negative.

Conversely, there were many positive comments regarding quality of staff, the quality of the service and the seemingly positive impact for those using CAMHS, with only a few examples of negative experiences.

In short, the information suggests that the main difficulties lie in getting into CAMHS and going through the referral and diagnosis process. Once participants were 'in' the CAMHS service, they were generally very positive about the experience.

8. Findings

8.1 Referrals

There were a range of experiences around the referral to CAMHS.

To some the referral was a quick and responsive process, whilst for others it was a more protracted experience.

It was also highlighted that there were some problems for foster children.

Positive

- 'Referral was done via a GP who was excellent and had recognised a problem.'
- One family had seen their own GP and within 5 days had heard from CAMHS.

- ‘GP referred my child very quickly to CAMHS, we only had to wait 1 month for an appointment.’
- ‘School Nurse did an emergency referral - we only had to wait 4 days for an appointment.’

Negative

- ‘We had to see our GP more than once to get a referral in to CAMHS.’
- ‘GP referred us to CAMHS as an emergency referral but we waited 5 months for an appointment.’
- It was 3 appointments with the GP before a referral took place as the young person, aged 13 years, was diagnosed as ‘naughty’. It wasn’t until a violent incident that it was taken seriously and led to a referral, which then took 2 months from the date of the incident.
- Young person, aged 12, had been referred by school doctor in June 2014, first appointment at CAMHS was January 2015. Still no diagnosis. The mother referred to ‘battling since he was 2½ years’ and it is now apparent that the child may have Asperger’s.
- ‘Re-referral not possible if discharged … you have to go through same process again.’
- One family experienced a major crisis before they got in to CAMHS, ‘It took months.’ They felt that had they got in sooner the crisis may not have happened. Their child was admitted as an in-patient.
- An account was given of problems regarding foster children, in that they cannot be referred by Social Services to CAMHS unless they are in a stable, long term placement. The problem reported is that if the child does have mental health issues then it is likely they are ‘moved on’, therefore will not have a stable home, and in this case can only be helped by the GP.
- One professional said that referral can be very hard. They said that in many cases they found that CAMHS ‘bounced cases back to MATS due to behaviour’ when it clearly wasn’t. ‘You feel every referral has to be justified and every single detail included otherwise it comes back as behavioural.’ They added, ‘I have had to pull teeth to get them here today and it has taken 6 months to get a first appointment.’

Mixed

- ‘The school doctor referred to CAMHS, but it took two attempts. The first referral had been made by a GP who had listened, but nothing happened despite a 6 month wait.’
- ‘Our GP originally referred us to see a Psychologist for 6 weeks of CBT and then my child was discharged. Things got worse and we were put on a waiting list for 1 year to see a Psychologist again, we had to go back to the GP to try and speed things up.’
- ‘GP referred my child really quickly because of self-harming concerns. I only had to raise it once and the GP acted on it. I had to wait 3 months for an appointment, the GP didn’t advise me on any coping strategies in the meantime.’

8.2 Diagnosis Delays

The interviews highlighted that there were real problems with delays in diagnosis.

All experiences described were negative.

This links with the section above, which also contains accounts of diagnosis delay.

- Despite parent mentioning to nursery staff about child's social and emotional behaviour, it was dismissed by staff saying that is was 'due to level of maturity.' By the time the young person reached school age, things were still the same.
- 'No formal diagnosis – we are still waiting for CAMHS.'
- 'In state of limbo until diagnosis confirmed which takes too long …'
- One mother referred to being passed from pillar to post …, 'From Education Psychologist, to Visual Impairment, to Speech and Language to Occupational Therapy to Child Development. You name it, we've been there and still waiting diagnosis.'
- One parent had five different CAMHS workers. The first one said the child had anger problems, the second denied it could be Asperger's despite all the traits being displayed. 'I have been going 8 years to CAMHS and they still won't label my child.'

8.3 Appointments

Appointments were sometimes found to be an issue in terms of length of time before appointments began, frequency, duration of appointments and cancellations.

Generally appointments seem to be made to suit working arrangements/school etc.

Several clients and/or carers spoke about what the appointments had given them, and spoke of some improvement in feelings.

Positive

- One young person said the appointments had given them a chance to talk about their illness, and had CBT treatment.
- When appointments were made, the distance to travel was considered and CAMHS said they would hold appointments at premises near to the child's school.
- Appointments in one case had been quick and subsequently followed by a second appointment, some three weeks after which the family thought was good. The appointments were made at convenient times to suit child and parent; there had been no cancelled sessions. Sessions had proved very helpful and child now feels better and making progress.

Negative

- In one case, it was two months before they saw a Consultant Paediatrician who asked 'why has it taken so long?'

- Parent had to cancel appointment due to the fact that child was threatening suicide, and got very little support. The child was discharged from CAMHS in November and now has to go through CAMHS referral again.
- It was felt that appointments every 6 weeks is just not enough.
- A concern regarding only one hour for appointments. One family said they felt they were 'watching the clock' and had thought about finishing the sessions as so traumatic.
- Following the appointment, CAMHS did a follow-up phone call by which time child was displaying aggressive behaviour towards a parent. CAMHS displayed surprise that this should happen as thought they had 'built a rapport.'

Mixed

- Appointment was arranged without any consultation with parent, but the parent was 'just relieved to get an appointment.' Was seen on this date by Paediatrician who referred to Psychologist and said there would be a 10 month wait. Patient also referred to Dietician and Speech Therapy.

8.4 Quality of Staff

Mixed views were heard regarding relationships with professionals, although the majority of accounts where positive.

Many of those interviewed felt that the sessions were highly beneficial.

There is a noticeable peak in the number of positive comments regarding quality of staff compared to other topics.

Positive

- One family were very happy with the CAMHS service. They were attending a 10-week parenting course in terms of coping strategies and Autism awareness so that they could understand their child and the condition. The same family said the staff were all excellent and friendly, including the reception and clinicians.
- 'I really couldn't fault CAMHS.'
- One family said they found CAMHS to be 'friendly, quite comfortable and felt it was confidential.'
- MATS team were very supportive. One family said they act as a 'go-between.'
- 'My child has been attending weekly sessions for CBT, I am able to attend sessions every other week.'
- '… very happy with the sessions at LD CAMHS, they observe well in an appropriate environment and the clinicians engaged well …'
- 'My child has had 4 sessions, we haven't had continuity with staff but we haven't had to repeat anything, the clinicians are really good at communicating. I think the sessions are really helping. We always go into the appointments on time.'
- 'I feel that the sessions are beneficial; the clinicians give me a lot of advice. The receptionist at CAMHS always seems to be really busy, people seem to arrive at the same time and come out of the clinics at the same time, and she always seems to cope very well though with a smile on her face.'

Negative

- Young person had to be admitted as in-patient in Leicestershire. This was miles away for parent to visit. Communication was not good, for example, parent could be told at 10am that there was to be a meeting at 2pm without any consideration for work or distance to travel.
- '… the CAMHS worker was leaving and she informed us that she would refer us onto a Level 3 worker who could diagnose ASD but we then got a letter a week after saying that we were discharged …'

Mixed

- 'No cancellations, my child has had continuity with the same clinician throughout. I do think they are helpful but my child doesn't find them helpful because I think they just want a quick fix.'
- 'The main receptionist is very friendly but others are rude and abrupt. You have to press the buzzer when you arrive and the receptionist seems rude.'

8.5 Information/Support

Parents and carers spoke about variable support, and a lack of clarity and information about what does exist.

Out of hours support was also raised as a real problem.

Positive

- Some positive experiences were highlighted with groups that had offered support: Parent Partnership x 2, MAT worker x 3, Parents with additional needs x 3, 'Derbyshire Carers Association (DCA) have helped me to apply for a DLA claim' Two additional families had been given information about support/self-help groups/carers information.
- 'We were signposted to an Autism Awareness course which was very useful.'

Negative

- A child had tried to commit suicide and still the mother had no support.
- One carer rang Call Derbyshire to ask for help but, '… they didn't want to know.'
- 'There isn't any community support for my child.'
- 'No direct support from DCA.' Three people said that they had just been sent leaflets. 'Can't access DCA as groups run in day.'
- 'They are out of school for 6 weeks as the school cannot cope but as a parent I don't know where to turn.'
- One parent of a 16 year old child is not told anything about her child's visits to CAMHS.
- One carer said that if her child is having a 'breakdown' then they do not know where to turn too … told 'take him to A&E' which doesn't feel appropriate.
- Two participants commented that there is no carer support for parents with children with mental health conditions.

Mixed

- Paediatrician did give parent a couple of websites re Autism but as not formally diagnosed parent did not think too helpful. Parent was also informed it might be Asperger's and it might be possible to get the Autism Outreach Team in but not possible until formal diagnosis.
- GP talked about my child accessing some groups but they were in Sheffield, but wouldn't access support groups anyway…
- Little support from CAMHS for Mum when child diagnosed … GP gave details regarding support groups.

9. Recommendations

Based on the information provided, Healthwatch Derbyshire would recommend that service providers consider the following:

- The referral system and the difficulties highlight getting referred to CAMHS.
- The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.
- The unique situation of children in foster care.
- The implications of placing young people in out of county beds.
- The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
- The implications of delayed diagnosis on both the young person, and the parent or carer.

10. Response from Service Providers and Commissioners

Public Health Response

Derbyshire County Council Public Health welcomes the Healthwatch reports for CAMHS services in both the North and South of Derbyshire County. It is valuable to see the positive, negative and mixed experiences articulated by young people, parents, carers and professionals who have first-hand experience of the respective services which can and should be used to inform service design.

We recognise the strengths and limitations of the report content and will ask the Derbyshire Integrated City and County Children's Commissioning Group to consider the findings to enable any learning to be translated into transformational and commissioning plans. Whilst Public Health does not commission CAMHS services, we do recognise the role Public Health has in improving children and young people's emotional health and wellbeing through prevention and early intervention via our commissioned programmes for 0-19s and parenting support. In addition we are working in collaboration with colleagues in the Clinical Commissioning Group and Children and Young Adults department to deliver both the Future in Mind transformation plan and the Children's Emotional Health and Wellbeing priority of the Health and Wellbeing Board. We understand the need to build on

the information provided within the reports and will explore with colleagues the potential for undertaking additional work such as an equity audit to better understand the needs of young people and the profile of clients waiting for and accessing CAMHS.

Yours faithfully

Elaine Michel

Director of Public Health, Derbyshire County Council

Chesterfield Royal Hospital NHS Foundation Trust Response

Thank you for sharing the report which we've read with great interest. It's encouraging to hear the positive views expressed and we are keen to consider how we might learn from the more negative comments and to use them to inform service developments. It is difficult to comment on individual statements without know more about the context and details of the particular case however, we do note that a number of statements appear to refer to issues regarding agencies other than CAMHS, including Educational Psychology, Visual Impairment, Speech and Language Therapy, Occupational Therapy, Child Development, Paediatricians, Tier 4 inpatient, Nursery School, Call Derbyshire and GPs.

This reminds us of how dependant we are on working as part of a network of services and that while we might not always be able to influence other service's practice, it is important for us to keep working at maintaining effective working relationships. For example, the practice and process of referral to CAMHS inevitably involves other agencies but we are currently undertaking clarification of our referral criteria to aid referrers in their decision making.

We are undergoing a transformation programme over the next few years which will address many of the areas mentioned in the report and recommendations. These will involve the whole process of assessment, treatment and discharge and have collaborative decision making and service user involvement at its centre.

We feel we've improved our diagnostic processes over the last few years and we are currently developing joint CAMHS and paediatric pathways for ASD and ADHD which will further enhance the experience of assessment and diagnosis for young people and their families. Of course there will always be some occasions when it is difficult or impossible to provide the kind of diagnostic certainty which some service users might desire.

We are mindful of the particular needs of children in Foster Care and we would want to be clear that we do not require young people to be in "stable, long term placements" before we can consider their need for mental health intervention.

We are very aware that the lack of Tier 4 mental health provision within Derbyshire necessitates the use of placements elsewhere. We endeavour to reduce the need for such

placements where possible, to maintain effective contact during placement and to facilitate early discharge where appropriate. We hope that our ability to achieve these aims may be strengthened through the implementation of the Derbyshire CAMHS transformation plans and the release of the associated funds.

Derbyshire CCGs Response

The Healthwatch Derbyshire Report, which provided 2 reports, one for the North where services are provided by Chesterfield Royal Hospital, and one for the South where services are provided by Derbyshire Healthcare Foundation NHS Trust.

The CCGs welcome the report and its content. Both positive feedback and areas for development are appreciated. The comments made by clients in the report are similar to those made through local consultation. It is reassuring to receive positive feedback about service quality.

Commissioners in the South hold a monthly contract management meeting with the CAMHs provider to performance manage the contract and enable on going service development. We have already discussed the recommendations of this report with the provider and have asked the provider how they will respond.

In the North there is a bimonthly CAMHS specific quality improvement and performance group consisting of both providers and commissioners and the North report will be discussed there.

The recommendations are timely and will be used to inform our forthcoming local five year Future in Mind Transformation Plan to improve outcomes in mental health and wellbeing. The additional government investment that comes with Future in Mind provides a unique and exciting opportunity for major service development across all services.

In response to the Report's recommendations

The referral system and the difficulties highlighted in getting referred to CAMHS.

South: At the time of Healthwatch engagement, there were 2 referral systems to CAMHs in Southern Derbyshire, traditional referral routes in South County and a multiagency Single Point Access (SPOA) piloted in Derby City. Following a recent successful evaluation of SPOA, commissioners have agreed its expansion across South Derbyshire. It is anticipated this will bring a significant improvement in the coordination and management of referrals so that 'the right referral goes to the right service' and need is met as soon as possible.

North: The service in the North has also piloted a single point of access following the times the Healthwatch report covered. There are differences in infrastructure within the 2 different providers which have been apparent through the evaluation. The CCGs are committed to working towards the NHS 5 Year Forward View, part of which focused around integrating services. Review of the ADHD and ASD pathways specifically are underway which will result in more positive service user experiences.

The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.

South: It is positive to know that the range of methods of working with families makes a difference. Providing information in an appropriate form is a core NHS requirement. It is an area we are working with our providers to improve access to services and support through a range of methods, e.g. phone apps, social media. The comments highlight the need for a range of clear sensitive information that is responsive to differing needs.

North: It is clear that many of those young people and families participating in the report feel satisfied with the service they have received. Commissioners will ensure there are processes in place for resolving issues between children/young people/families and professionals as soon as they are identified. This section mentions an aspect outside of the control of CAMHS and CCG commissioners regarding a Tier 4 placement in Leicestershire. It is not a reflection of the quality of staff in North Derbyshire. These services are commissioned by NHS England. Issues around transition between workers when young people go into adult services or their CAMHS worker leaves will be picked up with the service as these negative comments are reflected nationally.

Information and support for parents/carers/siblings and friends is vital and the comments from the report will give us a basis for improvement. Ensuring parents and carers in particular are supported and alongside the young person and become experts in care is something we want to ensure going forward.

The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made. Appointment timings are reviewed to allow improved access to appointments out of school/work hours.

South: The good practice highlighted in the report reflects the benefit of flexible appointments. These are available in some part of South Derbyshire but not all. It is acknowledged that access to services particularly after school hours and a choice of options should be improved. We are working with all service providers as part of the NHS 5 year forward plan to extend access to services 7 days a week. The CCG is has recently invested an additional resource to extend the CAMHS liaison/rapid response from 5 to 7 days a week for children and young people in crisis. This service will be fully operational by January 2016.

North: The difference between waiting times and people's experience of this is something the CCGs are working on with the service. The service themselves also recognise this. There were positive aspects of flexibility and we would wish to see these as the 'norm'. It is positive the service is individualising according to need wherever possible. Further investment will be required to ensure 7 day services and an appropriate crisis response. This will be a priority for the money allocated as part of the 5 year transformation plan.

The implications of delayed diagnosis on both the young person, and the parent or carer.

South: The comments raised by parents highlight the importance of help early. Sometimes diagnoses are complex and may take some months to make. They may also require information from other specialists and observations of children in different settings. Our

priority based on local evidence and engagement with service users and is that services should be needs rather than diagnostic led so that support is available until a specialist assessment can be made. A multi-agency early help assessment could identify other agencies that can provide early help support in school or at home.

We acknowledge the challenge of long waiting lists and are working closely with service providers to reduce these. We are monitoring this closely and also looking at other ways of managing the increasing demand for CAMHs differently. For example we are supporting our provider to train school and community workers to deliver short evidence based interventions as part of the expansion of the CYP Improving Access to Psychological Therapy (CYP IAPT) training. This will enable staff to treat low level anxiety and depression in community settings and reduce the need for CAMHS.

North: Issues in relation to diagnosis are often complex. The report mentions issues with services outside of CAMHS. It is not clear within the report if someone has not received the diagnosis that they/parents/carers want, are on a pathway that will deliver this diagnosis and there is unnecessary delay , or whether or not the young person/parents/carers are in dispute with the service about a diagnosis. Additionally, as a mental health commissioning team we are trying to move to system whereby diagnosis is secondary to need. In some situations diagnosis can prove helpful in terms of allowing understanding of an individual, but it is not a solution. The comment around being passed between professionals is one we are aware of and work on the ASD and ADHD pathways specifically will address this through integration and coordination.

In is anticipated through our Future in Mind plan and the additional investment we will continue to work closely with local service users and providers to innovate and improve outcomes.

Child and Adolescent Mental Health Services (CAMHS)

Experiences of using CAMHS in Southern Derbyshire, told by young people, parents, carers and professionals.

Helen Hart

July 2015

CONTENTS

1. Acknowledgement

Many thanks to the CAMHS team for their support and for making our staff feel welcome. We would also like to thank the participants who gave up their time to talk to us.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all young people, parent, carers and professionals who have experience of CAMHS, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that young people, parents, carers and professionals have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to compliment, other sources of data that are available.

3. Background

3.1 Healthwatch Derbyshire

Healthwatch Derbyshire is the local consumer champion for health and social care. The Healthwatch network is made of up of local Healthwatch across 148 local authority areas and Healthwatch England, the national body.

Healthwatch has a common purpose – to ensure the voices of people who use services are listened to and responded to. The network shares a brand, has common values and comes together to work on priority areas and campaigns.

Local Healthwatch work to provide unique insight into people's experiences of health and social care issues in their local area; Healthwatch Derbyshire is the eyes and ears on the ground finding out what matters to our local community.

3.2 Child and Adolescent Mental Health Services (CAMHS)

There is currently a national focus on CAMHS led by the Children and Young People's Mental Health and Wellbeing Taskforce which was established in September 2014 to consider:

- Ways to make it easier for children, young people, parents and carers to access help and support when needed; and
- How to improve the way children and young people's mental health services are organised, commissioned and provided.

The Taskforce produced a report in March 2015 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. This report includes recommendation for both transformation changes, to begin as soon as possible, and a number of longer-term aspirations to be achieved by 2020, to allow for work to be aligned with the NHS Five Year Forward View.

The report highlights a number of key drivers for this change, which are as follows:

- One in ten children require support or treatment for mental health problems.
- 75% of adult mental health problems (excl. dementia) develop by the age of 18.
- In an average class of 30 schoolchildren, three pupils will suffer from a diagnosable mental health disorder.
- A treatment gap exists where only 25%-30% of those with a diagnosable mental health condition accessed support.
- Demand is increased for services, especially for young women with emotional problems and young people presenting with self-harm.
- Early intervention and prevention in childhood can avoid expensive and longer term interventions in adulthood. For example, children with early conduct disorder are 10 times more costly to the public sector by the age of 28 than other children.
- There is a cost benefit to society of tackling mental health issues early in life. These benefits are achieved through the reduction in use of public services due to better mental health and by increased earnings associated with the impact of improved mental health on educational attainment.
- In some areas there is a poor provision of out-of-hours, crisis point and psychiatry services and some local authorities do not have a Care Quality Commission (CQC) recorded place of safety.
- The Taskforce noted a lack of clear leadership and accountability arrangements for children's mental health issues across agencies, including Clinical Commissioning Groups (CCGs) and local authorities, creating the potential for individuals to 'fall through the net'.

The report focuses on 5 key themes, and makes a range of recommendations to improve the structure, delivery and transformation of services.

1. Promoting resilience, prevention and early intervention.
2. Improving access to effective support – a care system without tiers.
3. Care for the most vulnerable.
4. Accountability and transparency.
5. Developing the workforce.

Locally:

- Services are reporting an increasing concern about self-harm. CAMHS report a sharp increase in around 10% in referrals. Self-harm and eating disorders feature prominently in this increase.
- In 2013-14 the rate of hospital admissions of 10-24 years olds in Derbyshire due to self-harm was 377.5 per 100,000, above the 2012-13 national average.
- The number of Derbyshire young people who require Tier 4 (in-patient) CAMHS placements remain low in comparison with other areas, however numbers have increased sharply over the past 3 years (up from 5 in 2011/12 to 30 in 2013/14). Trends in Derbyshire are in line with an increase in Tier 4 placements nationally.

Local response to 'Future in Mind': The Derbyshire CCGs, Derbyshire County Council and Derby City Council are working together to plan a response. A transformation plan will be required imminently to release additional funding to address developments/improvement to CAMHS.

4. Rationale for the Report

In addition to an awareness of the national and local focus on CAMHS, Healthwatch Derbyshire had received a cluster of comments from users of CAMHS, which were of mixed sentiment. This led Healthwatch Derbyshire to choose CAMHS as a work priority from January – March 2015. The aim was to explore these experiences in more detail, to find out what was working well, and what could be improved.

It is the hope that this report will provide service providers and commissioners with some useful insight into how service users experience CAMHS, support service development plans and provide suggestions for improvement.

5. Methodology

From January - March 2015, our 4 Engagement Officers spent their time out and about in the community, at groups and in CAMHS clinics listening to what people had to say about CAMHS.

This report covers the comments made in 17 interviews. Many of these interviews were conducted at CAMHS clinics, which gave the benefit of being able to talk to participants about their experiences at the point of service delivery. Some participants also spoke about experinces of using other services not provided by CAMHS. Although this was not the focus of this piece of work, these experinces are included in this report for completeness.

Our Engagement Officers developed a series of discussion prompts to use when talking to young people, parents, carers or professionals about their experiences of CAMHS. These prompts were very broad and covered experiences during referral and access to the service, what it was like to use the service, the quality of care they received, and if they felt it was helping. These prompts were used informally to help steer the conversation when necessary but staff used a flexible approach with this as a prompt sheet rather than a formal interview style. This is because although questionnaires or structured interviews would have given more measurable data, this could have been a barrier to engagement.

The 17 interviews conducted were a mixture of young people using CAMHS services, parents, carers, and professionals.

All responses have been themed and are outlined in the findings section of this report.

6. Information and Signposting

In addition to ensuring that the voices of service users, patients and the public are heard by decision makers within health and social care, we also provide an information and signposting service to the public about accessing health and social care services. During this piece of work Engagement Officers signposted many participants to a combination of groups.

7. Summary of Findings

There are patterns in these experiences that would suggest that some parts of the experience works well, whilst others do not work as well.

The clearest example of this relates to the relatively high number of negatives compared to positives regarding referrals and diagnosis. Sometimes participants spoke about a real challenge to get into the service in the right place, at the right time – although there were positives in this regard too. All comments regarding diagnosis were negative.

Conversely, there were many positive comments regarding quality of staff, the quality of the service and the seemingly positive impact for those using CAMHS, with only a few examples of negative experiences.

In short, the information suggests that the main difficulties lie in getting into CAMHS and going through the referral and diagnosis process. Once participants were 'in' the CAMHS service, they were generally very positive about the experience.

8. Findings

8.1 Referrals

There were a range of experiences around the referral to CAMHS.

To some the referral was a quick and responsive process, whilst for others it was a more protracted experience.

Positive

- 'Learning Disability CAMHS came to school, the referral was done within a matter of weeks.'
- 'I was down and self-harming for 1 ½ - 2 years. I saw the nurse who helped me to calm down, and explained about CAMHS and what it was.'
- Was referred to CAMHS by GP 3 years ago. It took 4 weeks to get an appointment with CAMHS. GP really listened. Was fantastic. Young person was feeling unwell for about 2 months before the going to the GP.
- '… got an appointment with CAMHS worker within one week of initial assessment which took place at Royal Derby Hospital.'
- 'Got an appointment with CAMHS worker within 10 weeks of GP visit.'
- 'I went to my GP, they were wonderful, they listened to us and referred us straightaway … They sent a letter within a week.'

Negative

- 'I went to a GP who referred to a Paediatrician, who then referred to CAMHS. The GP didn't seem to be aware of CAMHS and about the referral process.'
- 'On 12 month waiting list for a Clinical Psychologist' but the young person needs help now.
- 'I thought no one was listening to me and my child, and they needed help. Why did it have to get so that they were suicidal before something happened?'
- 'GP was hopeless and made life difficult after several months, so tried through Paediatrician and MAT team. We were told it would take 4-6 weeks and it took a further 7 months. I do not understand why can't you self-refer.'

- Parent felt that the school did not deal with the whole situation very well. She got a call from the school nurse to say she had made a referral to CAMHS. This was the first that the parent had heard that anything was wrong. Felt their input or say had not been sought. The school seems to have a default process to refer into the CAMHS.

Mixed

- ' … second time at CAMHS. This second experience is better as school doctors and CAMHS have worked quicker and are more understanding. Took 2 months to get a referral, the first time it took over a year.

8.2 Diagnosis Delays

The interviews highlighted that there were real problems with delays in diagnosis.

This links with the section above, which also contains accounts of diagnosis delay.

Negative

- 'It took one year; the child was severely traumatised – punching and kicking. We were told it was going to take weeks but it took several months.'
- 'Had hit crisis point by the time CAMHS got involved. Did go to the GP, but wasn't helpful.'
- Parent commented that the way the diagnosis was given was 'disgusting' and continued, 'Was sent a report with a letter. At the bottom of the letter is said that we don't need to see you again. No time was given to go through the report or diagnosis. No support followed once the diagnosis was given.' Parent said that she asked and begged for support but it was not forthcoming.

Mixed

- 'It should have been a 2 week wait but ended up being 3-4 weeks. The first referral from the GP was delayed, credit to school nurse who did the second referral. This is when the process did start.'

8.3 Appointments

There were a number of negative comments about appointments taking place during school/work time which can create problems for young people and parent/carers. However, there were a few comments indicating valued flexibility.

Positive

- 'Appointments are every 4 weeks which is sufficient.'

- 'I feel like the appointments will help, they are open. Told "have meetings and see how you go." I am developing relationship, and am happy with how things are going.'
- 'Once, the member of staff came to the home because I couldn't get to the location. Also opened up at 6pm once. Frequency of appointments is just right - very accommodating.'
- 'Current worker will block out 6 weeks of appointments. This is good because it helps to plan diary.'
- '… was allowed appointments after school so people would not know, and also so parent would not have to leave work …'
- 'We had 5 weekly sessions, and then some fortnightly, and then a couple monthly. At discharge the decision was the young person's choice not the worker, which allowed them to take control. We can return if needed without a new referral within 6 months.'
- 'Each session is about an hour, we are not rushed …'
- 'I feel that staff listen most of the time to our child's concerns … I like that my child can go in alone or with us depending on their needs and wishes.'

Negative

- 'For the first appointment we received the letter notifying us of it on the day of the appointment, this was not enough notice. I had to ring to explain why we had not gone and had to rearrange, which made the referral process even longer. Since then, communication has improved. I wish we could book our appointments in advance.'
- 'You can often hear the receptionist talking to parents etc on the phone. You can hear names, nature of the condition and name of school. You could potentially know who it is.'
- Parent said they had to constantly call to re-arrange appointments for after school. Parents want after school appointments due to vital school year not to miss lessons. Psychiatrist appointments are not after school either. Latest appointment is at 2.30pm. 'So feel like we have to fit into the service.'
- 'Appointments should not be during school time.'
- Both members of staff left. A counsellor told the young person they would refer them to a nurse at the beginning of the summer holidays, but they didn't hear anything so just had to manage.
- 'Once was stood outside for 20 minutes before staff let me in to the building. Seems like there is a high turnover of staff.'
- 'Would prefer sessions evening or weekends so do not have to miss school or work.'
- 'There was a big gap between old and new staff member being allocated.' Mum had to chase up and beg for someone to see child.
- 'All appointments are between 9-5pm so we try and get the last appointment at 3.30pm so only miss one lesson at school. We would prefer appointments so that do not have to miss school and work for the parents. The young person does not want school friends to know, so it is getting harder to explain where they are going when leaving early. This causes additional anxiety.'

- 'They didn't explain staff job titles, what they do and what they mean.'
- 'Had a change therapist midway through. I found that to be annoying and I was cross. I was told 1-2 weeks prior to the member of staff leaving, that she was leaving.' Young person feels like they are going round and round in circles.
- 'I run my own business and though the times were inconvenient I needed to attend for the sake of all of us. I have lost out financially, business wise because of this.'
- 'It would be useful if you could email them between sessions for advice or information, especially if a month until the next session. You will then have something concrete to help you …'
- 'All sessions are in school time which is hard when trying to hide the appointments from school.'

Mixed

- 'We were offered 12 sessions, which were good and thorough. Appointments are held in the day time which doesn't always work for working parents.'
- 'First appointment took place at school, I was glad it was at school. The rest of the appointments were convenient, happy with the appointments. Not offered a number of sessions, but told will "see how it goes" and was happy with that. CAMHS cancelled some appointments due to staff reasons, and no appointments were offered to replace the cancelled ones.'
- 'The frequency depended on the counsellor, who would say "how often would you like to see me?" Reception doesn't seem to have access to the staff diaries, once I waited 40 minutes for a counsellor and no one had access their diary to know where he/she was. It is not easy to work around the appointments because mum works full-time.'

8.4 Quality of Staff

Mixed views were heard regarding relationships with professionals, although the majority of accounts where positive.

Many of those interviewed felt that the sessions were highly beneficial.

There were several comments about how busy and stretched the service felt.

Positive

- 'My counsellor is easy to talk to, they listen … They are interested in what is being said … Feel that the treatment is working. Feel confident and trust they will sort things. Can tell them things I can't tell other people.'
- 'Staff found to be polite, welcoming and well mannered.'
- 'After a few months I feel that things are improving. My child does not need to worry that they are different. The worker addresses that we are all different and not something to be concerned about. I see a real difference in my child. At the minute they do not see the changes but other people around them do and the worker says that it will come with time.'

- ‘Someone to talk to about stuff I am not able to talk to anyone else about.’
- After the initial assessment, the young person and family were given a mobile number for a worker to contact as needed between sessions … 'It was great knowing that we could text and the staff member would get back to us - the reassurance was invaluable.'
- ‘Each session was about an hour but could be longer if needed, we never felt rushed.’
- ‘Overall the sessions solved problems such as to talk things over with us or to text us if hard to put into words. The young person learnt life skills and we learnt better parenting skills’
- ‘Fantastic, I don’t know how we would have got through without it. Five stars.’
- ‘I have good relations with all the CAMHS team … They text me regularly.’
- ‘A weight has been lifted and I can see light at the end of the tunnel - someone is willing to listen.’

Negative

- ‘Sometimes it seems disorganised … for example staff would forget to bring equipment. It feels like there is an element of them “winging it”.’
- Young person felt that sometimes staff member came across like “she doesn’t care.” Has a sense that she is not listening, and feels rushed out of the door. The staff member likes to talk lots so the young person feels that she isn’t given opportunities to talk.
- ‘I didn’t feel they consider the young person’s whole situation.’
- ‘Not good at getting back to the parents with information. A sense of being rushed off their feet.’
- ‘The whole team are incredibly stretched.’
- ‘Would like a more structured treatment plan to help see what working towards and to identify achievements.’

8.5 Information/Support

The parent course is spoken about favourably in a number of comments. There are a number of suggestions in this section about improvements that could be made.

Positive

- ‘I also attend parent classes. These have helped tremendously.’
- ‘I attend a CBT Group … I attend the group after school. I like group therapy because it helps to take the pressure off to answer. You can’t fill a silence in a one-to-one, whereas a group can.’

Negative

- Parent called CAMHS yesterday out of hours. No one has called back. There doesn’t seem to be a sense of urgency to help families. The family is at crisis point.

- 'Would to have liked the parent course to be part of the process - Parent course is optional.'
- 'Need someone to advocate on the parent's behalf. Parent is often stressed and exhausted'.
- 'No information about self-help groups or online information.' Once told about an anxiety group, but suffer with anxiety, so didn't go.
- 'You could do with a 'welcome pack' along with first referral letter of what to expect. This would help the parent and young person to ease into the service.'
- 'Could also do with leaflets and picture boards to show who is who, what their job roles are and what the role means'.

Mixed

- 'The parent course is reasonably good – a refresher would validate what we are doing.'

9. Recommendations

Based on the information provided, Healthwatch Derbyshire would recommend that service providers consider the following:

- The referral system and the difficulties highlighted in getting referred to CAMHS.
- The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.
- The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
- Appointment timings are reviewed to allow improved access to appointments out of school/work hours.
- The implications of delayed diagnosis on both the young person, and the parent or carer.

10. Response from Service Providers and commissioners

Response from Public Health

Derbyshire County Council Public Health welcomes the Healthwatch reports for CAMHS services in both the North and South of Derbyshire County. It is valuable to see the positive, negative and mixed experiences articulated by young people, parents, carers and professionals who have first-hand experience of the respective services which can and should be used to inform service design.

We recognise the strengths and limitations of the report content and will ask the Derbyshire Integrated City and County Children's Commissioning Group to consider the findings to enable any learning to be translated into transformational and commissioning plans. Whilst Public Health does not commission CAMHS services, we do recognise the role Public Health has in improving children and young people's emotional health and wellbeing through prevention and early intervention via our commissioned programmes for

0-19s and parenting support. In addition we are working in collaboration with colleagues in the Clinical Commissioning Group and Children and Young Adults department to deliver both the Future in Mind transformation plan and the Children's Emotional Health and Wellbeing priority of the Health and Wellbeing Board. We understand the need to build on the information provided within the reports and will explore with colleagues the potential for undertaking additional work such as an equity audit to better understand the needs of young people and the profile of clients waiting for and accessing CAMHS.

Yours faithfully

Elaine Michel

Director of Public Health, Derbyshire County Council

Response from Derbyshire Healthcare NHS Foundation Trust

We welcome this report and both the positive and negative feedback, which will help to inform, develop and improve our CAMHS services going forward. We would like to apologise to those young people and families who have not received the care and treatment they expected. We aspire to put our patients at the centre of everything we do, and we will try our utmost to meet their needs in the future.

As part of our ongoing service transformation process, CAMHS is moving towards a more integrated, interagency approach, with collaborative care pathways and service models. This will involve a more effective use of our resources with the consultants working differently as part of our new ways of working. A more centralised structure is being developed based on specialist care pathways, in order to achieve a more standardised and consistent approach, with equality of access and more effective evidence-based interventions and outcomes for our young people.

Taking each of the recommendations in this report in turn:

Referrals

We have introduced a new single point of access process for our city services, as a pilot, which we have just evaluated. (Evaluation report provided to Healthwatch Derbyshire).

The Single Point of Access (SPOA) was created as an approach within Derbyshire Healthcare NHS Foundation Trust in February 2014. It was initially developed by Child and Adolescent Mental Health Services alongside Community Paediatrics and School Health, clinical Psychology, counselling services and Community Paediatrics as an integrated approach to managing referrals through emotional and behavioural pathways.

The SPOA for Derby City children's services is now well established and is currently being rolled out for Derbyshire county services. The benefit of the SPOA is that parents and children can be sure of reaching the right service in the right place and at the right time, reducing the number of duplicate or 'scattergun' referrals. Referrers such as GPs also benefit as the process is more transparent and easier to navigate. The process also enables an efficient step-up and step-down process in the clinical pathway, based on the child's needs.

Other benefits of the SPOA in terms of quality and efficiency included:

- Significant reduction in the number of inappropriate referrals for specialist assessment and intervention.
- The operation of a single entry point for specialist services supporting higher level needs by a care coordination approach to assessment.
- Initial screening and triage to inform whether specialist assessment is indicated.
- Intervention provided and maintained at a lower level by support, advice and consultation to staff in partner agencies.
- Clear and integrated pathways for referral, support and early intervention.
- Working in a preventative way, providing a response within timescales which delivers outcomes and avoids escalation of need.
- An emergency response for families who are in crisis to manage and, at the earliest assessed opportunity, move down to lower level services.
- Effective signposting to the most appropriate service and at the right level.
- Where specialist intervention is required, smooth transition to the most appropriate evidence-based pathway.
- Continuity of service for those needing ongoing care at points of transition.
- Services delivered flexibly in terms of time and location and in ways to maximize user engagement.

Following the evaluation of the City SPOA we are now rolling this out to have a South County SPOA.

Please note that Clinical Psychology services are provided by Derby Teaching Hospitals NHS FT and not by Derbyshire Healthcare NHS FT.

Information

We acknowledge that this is an area of development for our CAMHS services and we have commissioned one of our service user reps, with the support of GIFT - Great Involvement Future Thinking (DoH) - to review and support us to improve the quality of our information and to improve the accessibility of our online information. The 'welcome pack' idea will be included in this and we expect this work to be completed by the end of the year.

CAMHS works toward assessment of individual needs and six-weekly reviews and is based on the principle of a collaborative working relationship with the young person, which

includes working on the goals identified by the young person. Treatment end dates are developed collaboratively when the treatment goals are met and are based on individual needs.

Team leaflets are available in the teams and we will ensure that teams put up photos with their names and roles in line with the 'Hello my name is' campaign.

We have parenting groups for parents where this is identified as part of the treatment plan. We strive to work collaboratively with parents and carers following a Think! Family person centred approach.

Appointments

CAMHS aims to adhere to NICE guidance on evidence-based interventions underpinned by a collaborative working relationship with those the service supports. Through collaborative working, CAMHS aims to develop a partnership relationship with children and young people and parents/carers in all aspects of the assessment and care plan, treatment, and appointments process in order to suit individual needs and generate regular feedback and enable outcome monitoring in the sessions.

The care package can be reviewed to incorporate elements that the young person would find most helpful.

The service has experienced some disruption related to staff going on training as part of the IAPT (improving access to psychological therapies) service transformation, as there were delays in getting back-fill staff. However, many of the staff have now returned having successfully completed training and are now able to offer more effective interventions and consistency in care.

Appointment timings

We acknowledge that there is an inconsistency across the teams with regard to out-of-school-hour appointments. We have some evening clinics and appointments and also offer home visits but we acknowledge that there is not enough. We appreciate the importance of education for the young people in our services and want to work with them to achieve their goals.

We will review opportunities to access the service outside of school hours, including seven-day working. This would, though, be subject to availability of premises out of hours and would potentially have cost implications that we would need to address with commissioners.

Delayed diagnosis

This is not an issue that has arisen in any of our other service monitoring. However we acknowledge the impact and strength of feeling in the comments regarding diagnosis; clearly a delay must be a source of frustration and concern for all those affected.

While it is difficult to investigate incidents of delayed diagnosis without knowing the specific details, we will undertake further work to clarify the extent of this issue.

As the SPOA rolls out across the services in the south of the county, we will have an engagement plan for communication with referrers, including GPs, to ensure they understand the referral process. More timely access to services should reduce the length of time to diagnosis.

Alongside our colleagues in Paediatrician and Therapy Services, we are also involved in developing a neuro-developmental care pathway which we expect will improve the response to referrals and facilitate a more timely assessment.

We envisage this will improve access to assessment, diagnosis and treatment particularly concerning autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

The implementation of this pathway will introduce a new skill mix and avoid some of the capacity problems that we have experienced over the past few years in relation to the growth in demand.

We have commenced recruitment in to these posts and would hope that this will begin to become operational around autumn 2015. We expect the new pathway to provide a more fluid service with the need for internal referrals and handovers and thus significantly reduce the waiting times that are currently experienced.

Once again, we thank Healthwatch Derbyshire and our patients and carers for this opportunity to learn about our services. We will work closely with Healthwatch Derbyshire to apply the recommendations they have proposed in this report.

Carolyn Gilby
Acting Director of Operations
Derbyshire Healthcare NHS Foundation Trust

Derbyshire CCGs Response

The Healthwatch Derbyshire Report, which provided 2 reports, one for the North where services are provided by Chesterfield Royal Hospital, and one for the South where services are provided by Derbyshire Healthcare Foundation NHS Trust.

The CCGs welcome the report and its content. Both positive feedback and areas for development are appreciated. The comments made by clients in the report are similar to those made through local consultation. It is reassuring to receive positive feedback about service quality.

Commissioners in the South hold a monthly contract management meeting with the CAMHs provider to performance manage the contract and enable on going service development.

We have already discussed the recommendations of this report with the provider and have asked the provider how they will respond.

In the North there is a bimonthly CAMHS specific quality improvement and performance group consisting of both providers and commissioners and the North report will be discussed there.

The recommendations are timely and will be used to inform our forthcoming local five year Future in Mind Transformation Plan to improve outcomes in mental health and well-being. The additional government investment that comes with Future in Mind provides a unique and exciting opportunity for major service development across all services.

In response to the Report's recommendations

The referral system and the difficulties highlighted in getting referred to CAMHS.

South: At the time of Healthwatch engagement, there were 2 referral systems to CAMHs in Southern Derbyshire, traditional referral routes in South County and a multiagency Single Point Access (SPOA) piloted in Derby City. Following a recent successful evaluation of SPOA, commissioners have agreed its expansion across South Derbyshire. It is anticipated this will bring a significant improvement in the coordination and management of referrals so that 'the right referral goes to the right service' and need is met as soon as possible.

North: The service in the North has also piloted a single point of access following the times the Healthwatch report covered. There are differences in infrastructure within the 2 different providers which have been apparent through the evaluation. The CCGs are committed to working towards the NHS 5 Year Forward View, part of which focused around integrating services. Review of the ADHD and ASD pathways specifically are underway which will result in more positive service user experiences.

The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.

South: It is positive to know that the range of methods of working with families makes a difference. Providing information in an appropriate form is a core NHS requirement. It is an area we are working with our providers to improve access to services and support through a range of methods eg phone apps, social media. The comments highlight the need for a range of clear sensitive information that is responsive to differing needs.

North: It is clear that many of those young people and families participating in the report feel satisfied with the service they have received. Commissioners will ensure there are processes in place for resolving issues between children/young people/families and professionals as soon as they are identified. This section mentions an aspect outside of the control of CAMHS and CCG commissioners regarding a Tier 4 placement in Leicestershire. It is not a reflection of the quality of staff in North Derbyshire. These services are commissioned by NHS England. Issues around transition between workers when young people go into adult services or their CAMHS worker leaves will be picked up with the service as these negative comments are reflected nationally.

Information and support for parents/carers/siblings and friends is vital and the comments from the report will give us a basis for improvement. Ensuring parents and carers in particular are supported and alongside the young person and become experts in care is something we want to ensure going forward.

The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made. Appointment timings are reviewed to allow improved access to appointments out of school/work hours.

South: The good practice highlighted in the report reflects the benefit of flexible appointments. These are available in some part of South Derbyshire but not all. It is acknowledged that access to services particularly after school hours and a choice of options should be improved. We are working with all service providers as part of the NHS 5 year forward plan to extend access to services 7 days a week. The CCG is has recently invested an additional resource to extend the CAMHS liaison/rapid response from 5 to 7 days a week for children and young people in crisis. This service will be fully operational by January 2016.

North: The difference between waiting times and people's experience of this is something the CCGs are working on with the service. The service themselves also recognise this. There were positive aspects of flexibility and we would wish to see these as the 'norm'. It is positive the service is individualising according to need wherever possible. Further investment will be required to ensure 7 day services and an appropriate crisis response. This will be a priority for the money allocated as part of the 5 year transformation plan.

The implications of delayed diagnosis on both the young person, and the parent or carer.

South: The comments raised by parents highlight the importance of help early. Sometimes diagnoses are complex and may take some months to make. They may also require information from other specialists and observations of children in different settings. Our priority based on local evidence and engagement with service users and is that services should be needs rather than diagnostic led so that support is available until a specialist assessment can be made. A multi-agency early help assessment could identify other agencies that can provide early help support in school or at home.

We acknowledge the challenge of long waiting lists and are working closely with service providers to reduce these. We are monitoring this closely and also looking at other ways of managing the increasing demand for CAMHs differently. For example, we are supporting our provider to train school and community workers to deliver short evidence based interventions as part of the expansion of the CYP Improving Access to Psychological Therapy (CYP IAPT) training. This will enable staff to treat low level anxiety and depression in community settings and reduce the need for CAMHS.

North: Issues in relation to diagnosis are often complex. The report mentions issues with services outside of CAMHS. It is not clear within the report if someone has not received the diagnosis that they/parents/carers want, are on a pathway that will deliver this diagnosis and there is unnecessary delay , or whether or not the young person/parents/carers are in dispute with the service about a diagnosis. Additionally, as a

mental health commissioning team we are trying to move to a system whereby diagnosis is secondary to need. In some situations diagnosis can prove helpful in terms of allowing understanding of an individual, but it is not a solution. The comment around being passed between professionals is one we are aware of and work on the ASD and ADHD pathways specifically will address this through integration and coordination.

In is anticipated through our Future in Mind plan and the additional investment we will continue to work closely with local service users and providers to innovate and improve outcomes.

Agenda Item No:

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

14TH SEPTEMBER 2015

SENSORY IMPAIRMENT

PUBLIC HEALTH

1. Purpose of the Report

To seek approval from the Adult Care Board members for the formation by Derbyshire County Council Public Health of a multi-agency steering group tasked with leading the development of a sensory impairment strategy for Derbyshire.

2. Information and Analysis

Background

'Sensory impairment' is an umbrella term sometimes taken to include deficits in any of the senses (including touch, smell and taste); although here encompasses visual impairment (including blind and partially sighted), hearing impairment (including those who are profoundly deaf or hard of hearing) and dual sensory impairment (combined visual and hearing problem or deaf/blind).

Sensory impairment is common amongst Derbyshire's older adults. It has significant but reducible consequences including: increased falls, exacerbation of dementia, mental ill health, social isolation and loss of independence. In many cases these consequences are preventable.

Sensory impairment has high costs to the health and care system as well as the negative impacts experienced by people. Existing policy drivers such as the Marmot Review (Institute of Health Equity, 2010) support eye and hearing health improvement as part of the wider life course approach to reducing

health inequalities as there are clear links between disadvantage (as measured by area deprivation) and sensory impairment.

During 2014 there were more than 5,000 (6%) people in Derbyshire aged 65-74 years are estimated to have moderate or severe visual impairment, and over 8,500 (13%) people aged 75. About 60% of nursing home residents are visually impaired. The incidence of moderate or severe hearing impairment was estimated higher still with over 17,000 (20%) people in Derbyshire aged 65-74 years, just under 31,000 (64%) people aged 75-84 years and over 17,000 (88%) people aged 85 years or older. The projected incidence of sensory impairment in the Derbyshire population is expected to rise alongside the rise in the ageing population.

Treatment pathways for sensory impairment generally distinguish between hearing and visual impairment. Dual impairment is likely to be common amongst older residents but is currently not measured due to the discrete provision of services. Additionally the current landscape of sensory impairment services in Derbyshire is complex. These lead to gaps in service provision with duplication for people affected.

Fractured existing arrangements for promoting eye and hearing health and for delivering sensory impairment testing, treatment and support services suggest development is needed to help achieve a more integrated approach.

A shared commitment to reducing the impact of sensory impairment in older adults is fundamental to keeping people in their own homes for longer supporting the Health and Wellbeing Board priority to ‘improve health and wellbeing of older people’. Tackling sensory impairment will also contribute to healthy ageing as part of a positive response to an ageing population in Derbyshire.

Current Position

A health needs assessment of sensory impairment in Derbyshire was taken to the Adult Care Board in June 2015 entitled ‘*Towards a sensory impairment strategy for Derbyshire County*’. It is proposed that a steering group is identified from key stakeholders to lead the development of a sensory impairment strategy including representatives from Clinical Commissioning Groups (CCG), voluntary sector and local people. This group will report back to the Adult Care Board to update on progress.

3. Financial, Legal and Human Resources Considerations

There are no financial or legal considerations and the work will be co-ordinated by existing Public Health staff.

4. Other Considerations

In preparing this report the relevance of the following factors has been considered: Legal and Human Rights, equality of opportunity, health, environmental, transport, property and crime and disorder considerations.

5. Background Papers

Towards a sensory impairment strategy for Derbyshire, April 2015

6. Key Decision

No.

7. Is it necessary to waive the call-in period?

No.

8. Officer's Recommendation

That the Adult Care Board:

1) Support the development of a sensory impairment strategy, co-ordinated and led by Public Health
2) Help to identify key partners to form a steering group to direct the development of a sensory impairment strategy for Derbyshire County

Elaine Michel
Director Public Health