DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

THURSDAY 15 JUNE 2017
10:00 – 12:00 NOON
COMMITTEE ROOM 2, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Time	**Item** Apologies:	**Lead**	**Information/ Discussion/ Decision**
1	10:00am	Welcome & Introductions	Cllr Wharmby	
2	10:15am	Minutes and matters arising from the meeting held on 2 March 2017 (attached)	Cllr Wharmby	Information
3	10:30am	STP Update: Joined Up Care Derbyshire	Joy Hollister	Discussion
4	10:50am	Learning Disability Transforming Care Update	Joy Hollister	Information
5	11:05am	Healthwatch General Updates	Karen Ritchie	Information
6	11:20am	Derby/Derbyshire Talent Academy Update Social Care Workforce	Debbie Garbutt	Information
7	11.50am	AOB – to be notified during Welcome and Introductions please		
8	12:00noon	**FINISH**		
		The next meeting of the Adult Care Board will take place on Thursday 21 September June 2017 at 10:00am in Committee Room 1, 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 2ND MARCH 2017 AT 10:00AM

DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Cllr Rob Davison (Chair)	RD	Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Cllr Dave Allen	DA	Derbyshire County Council Cabinet Member (Health & Communities)
Joy Hollister	JH	Derbyshire County Council – Adult Care
Julie Vollor	JV	Derbyshire County Council – Adult Care
Jeff Lilley	JL	NED DC
Sarah Everest	SE	ND CCG
Jenny Swatton	JS	SD CCG
Eleanor Rutter	EL	Adult Care Public Health
Jacqui Willis	JW	NDVA - Chief Executive
Andy Searle	AS	Safeguarding
Mat Lee	ML	Derbyshire Fire and Rescue Service (DF&RS)
Isabel Flemming	IF	DCC/Erewash/NDCCG

IN ATTENDANCE:

Pam Greaves	PG	Derbyshire County Council - Adult Care (Minutes)
Graham Spencer	GS	Derbyshire County Council – Adult Care
Steve Jenkinson	SJ	Derbyshire County Council – Adult Care
Dean Wallace	DW	Director of Public Health
Darran West	DaW	Adult Care Public Health

APOLOGIES:

Cllr Paul Smith	Derbyshire County Council Cabinet Member (Adult Social Care) **Chair**
Karen Macleod	Derbyshire Probation
Kate Majid	ND CCG
Rachel Madin	ND CCG
Karen Ritchie	Healthwatch

Narinder Sharma	Derbyshire Carers
Karen Macleod	Probation
Helen Hart	Healthwatch
Beverly Smith	ND CCG
Stella Scott	CVS

Minute No	Item	Action
ACB 001/17	**WELCOME FROM CLLR DAVISON (CHAIR)AND APOLOGIES NOTED** **MINUTES FROM THE MEETING ON 1 DECEMBER 2016 & MATTERS ARISING** The minutes from 1 December 2016 were accepted as a true record.	
002/17	**STP UPDATE - JH** • JH informed the group that the Engagement Plan is going to the Health and Wellbeing Board for final comments. • The four CCG Boards are considering the Business Case. • Better Care Fund guidance expected after the Budget on 8/3/17 **Feedback Noted**	
003/17	**LEARNING DISABILITY TRANSFORMING CARE UPDATE - JH** JH updated the group: • NHSE Transforming Care – rated Green • Moving people from long stay going well • Crisis Residential Care Teams refine and recruitment – two models running, one in the north and one in the south **Update Noted**	

004/17	**HEALTHWATCH UPDATE** Healthwatch Intelligence Report LD Update **Deferred**	
005/17	**DEMENTIA RE-ABLEMENT - SJ** • Home Care – Paper discussed • Link to Dementia Support Service – more targeted service intervention • ML pointed out that many fires are linked to people with dementia and DF&RS are happy to be involved in targeting vulnerable people. **Report noted**	
006/17	**HOUSING AND HEALTH GROUP – DW** • Agreed at H&WB Board to a joined up approach with District and Borough Councils to look at how to assist with affordable warmth, trips and falls campaigns. Targeting the appropriate people/homes could have an impact on budget savings. • Engagement with LA, CCGs and providers meeting was well attended. All partners to look at planning better housing environments as part of the Health Homes Project. o DA – need developers take this into account o ML – DF&RS targeting their resources on people with open fires. o JH – reminded people of the Derbyshire Healthy Home Programme presented to the meeting in December by Bill Purvis. Public Health are working with Housing to assist. o Looking at what housing is needed for people with LD. o AS – raised question of how we can influence private landlords to help. District and Borough Councils need to be included to influence landlords or, if necessary, use the Enforcement Housing Act. o Update to go to H&WB Board mid March o Universal Credit changes could impact on affordability for good housing and heating. **Report Noted**	

007/17	**DERBYSHIRE/DERBY TALENT ACADEMY UPDATE - JV** JV updated the Board on progress and there will be a report for the next meeting in June. • Health Education EM are funding the next two years. • Careers advisors to target schools promoting apprenticeships, the Adult Care Pathway and Independent Providers. • Initial recruitment hub planned. • Project Manager Debbie Garbutt in post from April. • Increase recruitment with a clear, single pathway and once training completed staff can work across sectors. • RD asked if there might be some who would like to work with people with Dementia - challenging but rewarding job. People from the job pool can transfer over if interested. • 9 March there will be an Adult Care Tweetathon. This will feature a range of staff; out of hours, handyvan, care workers. Please take the time to have a look. **Noted**	**JV**
008/17	**JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) – FALLS – DAW** DaW presented the findings of the work done on falls in Derby and Derbyshire. • Key priority for 2016/17 • Would like approval to set up a working group to take forward the recommendations of the JSNA. • Several schemes around the county, could these be pulled together for joined up working? • DF&RS, as first emergency attendees, are very keen to assist. Retained and full time staff all trained. • Need to identify people at risk • Visit to North Yorkshire planned to have a look at their projects • Final draft 6-8 weeks time for agreement • AGREED – Sector leaders co-operate • AGREED – County/City footprint pathway.	
009/17	**SYSTEM FINANCIAL DECISION – JH** Discussion held re financial struggles all across the County • Decommissioning decisions from the CCGs a problem • CCGs need to go to NHSE with balanced plan by the end of March therefore difficult decisions being made • Need to have early conversations between leaderships before any action taken. Communication needed.	

010/17	**BCF Q3 PERFORMANCE REPORT – GS** • Data correct • Winter pressures will impact on targets • Looking at what needs to be supported by the BCF in the next 2 years for hospitalisation prevention • Still awaiting quality framework policy and planning guidance. Expecting information after the budget • Government Policy Integration will be coming out from Simon Stevens	
	AOB None	
	Dates of future Adult Care Board meetings: • 15 June 2017, 10:00 – 12:00, Committee Room 1, County Hall, Matlock • 21 September 2017, 10:00 – 12:00, Committee Room 1, County Hall, Matlock • 18 January 2018, 10:00 – 12:00, Committee Room 1, County Hall, Matlock	

Healthwatch Derbyshire Consultation Good Practice Checklist

This Consultation Good Practice 'Checklist' has been written to accompany Healthwatch Derbyshire's 'Best Practice Guidance to Public Consultation'.

Date:

Consultation:

1. Establishing the case for change

The focus at this stage should be on enabling people, including members of the public, to gain an understanding of the evidence that creates the 'need for change', and what the financial or other resource restrictions are, so they can help develop the best options for change.

Checklist	√
Is there clear evidence for the case for change?	
Has the initial impact assessment been carried out?	
Have the public been involved in developing the case for change? It's important to involve the key influencers (who will affect the development), and the key stakeholders who will be affected by the development) from the beginning. Full public involvement is not needed at this stage, It needs to be proportionate.	
Is there a written plan for the pre consultation stage?	
Has information been circulated to patients/public/stakeholders about the need for change and how they can be involved?	
Notes	

2. Pre-consultation

This stage is about testing the 'case for change' determined in stage 1, and developing a plan to solve the issues.

An issues paper can be produced at this stage that clearly states the problem with the aim of kick starting conversations. It should:

- Outline the wider context/tell the wider story
- Invite early participation

Healthwatch Derbyshire Consultation Good Practice Checklist

- Be open to ideas, and not curtail the debate to choices already made
- Promote transparency.

This stage will help to determine how to pitch the formal public consultation later on, test the early development of scenarios and their likely impact, and feed into and provide the rationale for the options development in stage 3. It is important that it is documented how this stage has influenced the options development.

Don't use 'consultation' terminology at this stage. Use the terms below.

Consultation Terminology	Pre-Consultation Terminology
Consultation	Engagement
Consultee	Participant
Consulting	Listening and Learning
Consultation Document	Issues Paper
Options	Scenarios or potential solutions

There are no strict rules for this stage, it's about listening, fact finding and meaningful dialogue. The emphasis should be on the quality of engagement, not quantity. Involving the public at this stage is to improve understanding of the issues and potential solutions, e.g. access issues. Engagement should encourage dialogue and debate, explore the impacts of different scenarios, and how negative impact could be mitigated against.

It is preferable to talk to people who have something worthwhile to contribute at this stage, but should include those most likely to be impacted according to the impact assessment, and be representative of protected characteristics.

A Consultation strategy can be written at this stage, but it will need to be updated once the 'options' are agreed as the options will dictate the needs of the consultation. The strategy may include the following:

- Clarification of the scope of the engagement, who, where, what, how
- Who will be leading on it?
- Stakeholder identification – includes GP, staff, and clinicians in addition to members of the public
- The engagement plan
- Equalities engagement plan
- The communications and promotional plan
- What documents, audio, video need creating
- Development of a website for frequently asked questions (FAQs)
- Documents for the public, to share via the website
- How you will collect the responses
- How outputs will be converted to feedback
- How you will review the consultation and processes.

Checklist	✓
Has an issue's paper been produced to outline the issues and start	

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dialogue with participants?	
Has a full impact assessment been undertaken to identify sections of the community that will be most affected (including health inequalities)? This information should then be used to identify sections of the community that should be prioritised for engagement, i.e. stakeholder mapping.	
Have appropriate methods of engagement been used for each group?	
How much time has been given to the pre-consultation stage? Has this been sufficient to develop a robust set of options?	
Has the engagement resulted in the identification of options to be considered at option development/appraisal? and/or useful information to be considered at option development?	
Has a clear audit trail of engagement activities been created and maintained?	
Has relevant information been put in the public domain? The more information that is published and the more transparent the process is the better. This should include the outputs and feedback from pre-consultation engagement.	
Has the impact assessment been updated with new information accumulated during engagements at this stage?	
Notes	

3. Option development

This is where information from the Pre-consultation stage is used as the starting point for developing 'options for change'.

The option development and appraisal stages are heavily scrutinised in court.

Healthwatch Derbyshire advises using co-production to decide on options, using a variety of stakeholders, including members of the public, and recent patients, as this process should be open and transparent.

Checklist	√
Has option development included public, patient and stakeholder representation? If yes, to what extent and what involvement did they have?	
Have they created and documented a 'long list' of options for appraisal?	
Were 'impacts' considered in development of each option?	
Does what is included in the option ensure that the service being redesigned still meets patients' needs and in the interest of	

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patients?	
To what extent has each option been costed to ensure it is viable?	
Notes	

4. Option appraisal

This is where the 'long list' of options are appraised to decide which should be taken forward to consultation.

Healthwatch Derbyshire advices using co-production to help set the 'criteria' and 'weightings' for evaluation and to 'appraise' the options. Ideally, different groups of public, patients and stakeholders should be involved in criteria setting and appraising. This process should be open and transparent.

Checklist	✓
Who was involved in setting the criteria and weighting for appraisal? To what extent and how were they involved?	
What method is being used for appraisal? Does it seem robust, fair, unbiased and able to withstand scrutiny?	
Is there more than one option being appraised? If not, what is the rationale? How did they arrive at the one option?	
Is there a 'do nothing' option? If so, is there evidence of viability?	
Is cost being applied to the options being appraised? Is it a criteria or applied after criteria and weighting is applied, to help ascertain a value measure for each option?	
Notes	

5. Consultation

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This is where the options decided from stage 4 above are presented to the wider population for their views to help make better informed decisions. The information should include the reasons why the options are being proposed.

The public should be able to influence the decisions at this point and decision makers must be prepared to change their opinion.

Public consultation is a self-correcting process so if it comes to light that something is incorrect, it's ok to be transparent about it by making sure people are informed, and carry on with the new information.

This stage is legally binding and needs to be formal. It is governed by:

- Common Law – rules of behaviour accepted by society on the basis of established 'custom and practice' as evidenced by decisions in court
- Statute Law – legislation contained in precise written statements of requirements emanating from parliament, e.g. equalities analysis.

Public consultation is required for substantial changes, or where a small profile are highly impacted:

- When there is a statutory requirement, e.g.S14Z2 Health and Social Care Act 2012
- When there is a precedent – others are consulting on it
- When there is a legitimate expectation – the NHS has said they will – must follow relevant guidance that has been produced
- To ensure fairness – i.e. because there is a significant impact on the community, or people have been accustomed to it as 'normal' or 'their right'.

Consultation can also be important to secure greater commitment.

It's important that in multiple service closures, each service is looked at separately in terms of the impact it will have, and who needs to be consulted.

There must be an appropriate 'Consultation Document', supported by an easy read version, possibly in other appropriate formats for equality characteristics and more detailed documents online. See Appendix 1 for more information on what this should contain.

Checklist	✓
Is the timescale for the consultation proportionate to the impact, and realistic, to allow a considered response from all stakeholders? Has it taken into account the time of year, etc.? There is no set timescale, but 6-12 weeks is considered good practice. Four weeks and under could be challenged. Bigger the impact, and the more controversial it is, the longer the timescale should be.	
Is clear information available on the case for change and information about the pre-consultation phase?	
Is the public consultation accessible, including anyone who is	

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directly affected by the proposed change, as well as the wider public who may access the service now or in the future? This stage should be open to a wide public audience. There is no guidance on the number of people that should be involved, but should be proportionate to the decision being made. Average figure for involvement 0.89% of the population. But every attempt must be made to involve the people who need to be involved, i.e. people must have had a reasonable opportunity.	
Are the options presented in a way that can be easily understood?	
Are there multiple methods for accessing the information? i.e. can't just be online, need hard copies too.	
Can the information be provided in different languages and format if required?	
Is it clear how people can respond to and give their views on the proposals?	
Has the impact assessment been updated and is it available for people to view?	
Has the target audience for the consultation been agreed through stakeholder mapping? Has advice been sought on protected characteristics and how they will be impacted?	
Are there a variety of opportunities available for the public to discuss the options? Genuine open dialogue and discussion is key, and should not be seen as less important than questionnaires.	
Have the effective and appropriate methods of consultation been designed to reach all groups?	
If there have been any changes to the proposal or related information, has this been made available to the public?	
Is it clear how people will be kept informed and involved in future developments?	
Is there any evidence of pre-determination or bias? This could be found in meeting minutes, tender documents, planning decisions, media interviews, Facebook postings etc.	
Do the questions asked allow people to influence thinking, share their views, i.e. not just yes/no? New information should be able to be learned from this process.	
Does the consultation document meet the requirements in appendix one?	
Notes	

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6. Post Consultation

Adequate time needs to be set aside for this stage, which is to consider the findings of the consultation and use them to inform any decisions. The process for doing this should be communicated to stakeholders.

Because of the Four Tests, NHS Act 2006 S242 B b-c and Health & Social Care Act 2012 S14Z2 b-c, Healthwatch would prefer to see public, patient and stakeholder involvement in decision making. This might be by reviewing and debating the outputs and feedback of the consultation with decision makers, prior to decision makers making decisions (a last opportunity to influence). Or it might be that public, patient and stakeholder representation is given a seat with decision makers.

Checklist	✓
Has the process for considering the findings been clearly communicated to the public?	
Has there been public, patient and stakeholder involvement in decision making? If so, how?	
Has the final decision been clearly communicated to the public, alongside how the feedback from the public has informed the final decision?	
If the decision is different from the majority of public opinion, has this been explained and a rationale given?	
Are the findings of the consultation easily accessible to the public?	
Is it clear what is going to happen next?	
Was the decision very fast following the closure of the consultation? Fast decisions do not show consideration for the feedback.	
Notes	

7. Due regard (considerations) to the Equalities Act 2010 – S.149 Public Sector Equalities Duty (PSED).

In addition to these five stages, organisations must also have 'due regard' to the Equalities Act 2010. Section 149 contains the Public Sector Equality Duty, with regards to consultation which should take place at **all stages**, not just the consultation stage (marriage and civil partnership is not included in the PSED).

During any consultation process and at all stages, there must be commitment to eliminate discrimination and advance equality of opportunity. Organisations need to be working

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towards a less unequal society, planning future investments to be inclusive, and managing change to avoid discrimination and disadvantage.

Engagement of stakeholders and members of the public needs to take into account the protected characteristics, and organisations should be actively seeking their views. Although there shouldn't be a bias towards those with protected characteristics at the expense of others.

Although an 'Equalities Impact Assessment' is not required 'equalities analysis' is, which should be recorded and published. It's about more than just giving consideration, it's about rigorous analysis. It needs to take into account wider considerations such as transport cuts. Equalities analysis should be recorded and published.

Equalities characteristic	Claims	Rational	Research/evidence to support

Claims made regarding impact that might cause discrimination must be investigated. Although don't have to take steps currently to prevent the impact.

The 'Brown Principles' - Brown v Secretary of State for Work and Pensions (2008) should be followed.

- Decision makers must be aware of their equality duties
- The due regard duty must be fulfilled before and at the time of decisions – i.e. it must be continuous process
- There must be a rigorous analysis
- The duty to have due regard, cannot be delegated, i.e. the commissioner is still responsible if they have delegated to a private body.

Engagement needs to be taking into account equalities characteristics and actively seek the views of people. Can use spokes people and community leaders for advice.

The focus again is on the quality of engagement, not quantity.

It's important to collect diversity information on questionnaires and at engagement activities.

This duty is a continuing one, continues over and beyond decision making, to implementing the decision.

Judicial reviews (JR)

- Can be funded by legal aid or crowd funding – for public sector this means that whether they win or lose, they will have to pay

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- Applications for JRs need to be made as soon as possible, or within three months of the decision. Can only be made after the decision, and cannot be used to challenge the process before then
- A JR will look at the processes that have taken place with regards to legal obligations, and will not be influenced by emotions. So there needs to be a challenge to the process taken, not the decision made
- The court will look at fairness and impact – Gunning Principles
- A big part of the scrutiny will be around options development and how these were agreed upon
- Equalities analysis is also heavily scrutinised
- Single option consultations are at high risk of challenge, as if it's just a single option, what are you consulting on, i.e. what can be influenced?

Potential Timescales

Case for change – 10-12 months
Pre-consultation – 8 months
Option Development – 3 months
Consultation - 12 weeks
Consider information and implementation – allow time to fully consider the information gathered during the consultation, before making a decision.

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Appendix One

What should be in a consultation document?

This document must be objective, not a sales document trying to lead someone into picking a particular option.

If the information is not contained in the consultation document itself, it should be clear where the information can be found, i.e. a link to the website (although hard copies must be provided if requested).

The consultation document should be seen as just the tip of the iceberg, with further information being available elsewhere. Consultees must be able to access all the information they need in order to make an informed decision and propose a different option if they wish.

This document needs to be aimed at majority population. But there should be an easy read document too.

Ensure there is:

- Fair access to the document
- It's transparent, i.e. the whole truth and nothing but the truth
- There is a clear rationale behind the proposals
- The options are clearly communicated
- Impact of the proposals is communicated, negative as well as positive.

Checklist	√
The story so far	
Explanation of why change is necessary and clear evidence to support it, i.e. the issues. Have a clear rationale.	
Explanation of external drivers of change.	
Information of what has been learned in earlier engagement, such as the pre-consultation stage, i.e. this is what you have told us.	
What has been considered at different stages, i.e. the scenarios, options? What's been included, what's been discarded and why?	
What are the pro's and con's for each option proposed, give clear evidence for these.	
If there is a preferred option, clearly state why.	
A clear vision of future services.	
Explanation of the consequences of change 'v' maintaining the status quo on quality, safety, accessibility and proximity of services.	
In the case of hospitals, explanation of how services will in future be provided within an integrated service model.	
Evidence to support any proposal to concentrate services on a single site.	

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Evidence of support from clinicians (professionals) and GPs for any proposed change.	
How sustainable staffing levels are to be achieved.	
In the case of changes promoted by clinical governance issues, an explanation of how these have been tested (through independent review). Research and technical information.	
Any risks and how they will be managed.	
A clear picture of the financial implications of the different proposals.	
Who will be affected by the proposals and how their interests will be protected.	
An explanation of how any change and benefit will be evaluated after implementation.	
Initiation to propose alternative solutions.	
Where additional and more detailed information can be found.	
How to participate in the consultation.	
Notice of availability of appropriate formats – easy read, large print, braille, BSL, audio etc.	
The information should be understandable, and accessible.	

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Best Practice Guidance to Public Consultation

Introduction

The purpose of consultation is to ensure that there is meaningful public engagement in decision making in Derbyshire. Putting local people at the heart of the decision making process is key, with decision makers demonstrating how they have used this intelligence to inform and influence the design and delivery of services.

The purpose of this document is to:

- Encourage organisations to view the public as a vital resource who can help them solve the significant financial and other resource issues they face
- To improve the quality of engagement in developing ideas and options for service change
- To help organisations and members of the public understand best practice and the legal requirements around consultations, and promote genuine and meaningful public consultation that is not just a box ticking exercise.

What is Engagement?

Engagement is about having an open conversation with the public which allows them to input their views and ideas in the planning, design and development of options for change. It is about establishing the issues, e.g. the impact of change, and possible scenarios for change.

What is Consultation?

Formal consultation is governed by law, and seeks the views of the public on proposals put forward.

There must be a reasonable length of time allocated to consultation, and consultations must be open and accessible.

A formal consultation must give people the opportunity to influence the outcome of a decision. There must be appropriate access to information, and clear options for consideration.

Healthwatch Derbyshire advocate the need for more meaningful 'Engagement' prior to 'Formal Consultation'.

All public sector organisations should adhere to the following Best Practice Principles, developed by The Consultation Institute which apply to engagement, consultation and equalities analysis.

- **Integrity** - be honest and truthful about what can and cannot be influenced
- **Visibility** – so people know about it
- **Accessibility** - to all stakeholders affected by the change
- **Transparency** – always be clear about the purpose for engaging
- **Disclosure** - all information needs to be provided
- **Fair interpretation** - how the outputs of the consultation are converted to feedback and used to influence decisions
- **Publication** – to explain what is happening and why

All public sector organisations must adhere to the Gunning Principles which are a legal requirement, and which are reviewed in any legal challenge.

1. A consultation must be at a time when proposals are still at a **FORMATIVE** stage.

This is to avoid the charge of pre-determination. If there is only one option in a consultation, there needs to be robust justification for this. An organisation can state a preferred option.

2. Sufficient reasons must be put forward for the proposal to allow for **INTELLIGENT CONSIDERATION AND RESPONSE**.

This means that there needs to be enough information to inform someone how the organisation arrived at the option(s) they did, so that they can provide a meaningful response or alternative ideas. So sufficient information for an intelligent response could involve a lot of information for some people. This does not have to be provided in the consultation document, but the document needs to tell someone where the additional information can be found, e.g. the website, or how it can be requested.

3. **ADEQUATE TIME** must be given for consideration and response.

An organisation needs to consider how much time it will take to reach everyone who needs to have the opportunity to have a say during the consultation, including those with protected characteristics. Twelve weeks is often cited as the advisory standard period for consultation but there may be some cases where a shorter period is adequate. There is no minimum time, but less than four weeks could be challenged. Consultations should consider the impact of key holiday periods, such as Christmas, and summer holidays.

4. The product of consultation must be **CONSCIENTIOUSLY** taken into account.

Organisations need to show how consultation responses have impacted on the decision they make at the end. They are required to publish a report to evidence this.

Although not part of the Gunning Principles, Healthwatch Derbyshire would also expect to see evidence of engagement and consultation with the **RIGHT PEOPLE**. We would want to see how organisations have arrived at the list of stakeholders they intended to involve.

In addition to these principles, health organisations i.e. those receiving funding from the Department of Health need to meet four further requirements known as the Lansley Tests:

Firstly: There must be clarity about the clinical evidence base underpinning the proposals

Secondly: They must have the support of the GP commissioners involved

Thirdly: They must genuinely promote choice for their patients

Fourthly: The process must have genuinely engaged the public, patients and local authorities.

The process of consultation that constitutes good practice is best divided into FIVE stages.

Our recommendations for each of these five stages are as follows:

1. Establishing the Case for Change

- The focus at this stage should be on enabling people, including members of the public, to gain an understanding of the evidence that creates the 'need for change', and what the financial or other resource restrictions are, so they can help develop the best options for change
- An initial impact screening should be conducted to help identify those who may be affected by the changes that are being considered.

2. Pre-consultation

- This stage is about testing the 'case for change' determined in stage 1
- This should occur over an appropriate length of time, with timescales that allow for public engagements activities that support meaningful engagement
- The aim is to test the early development of scenarios and their likely impact, to feed into the options development (stage 3 below). Involving the public at this stage means issues related to service delivery can be discussed, e.g. access to services
- Engagement should encourage dialogue and debate, explore the impacts of different scenarios, and how negative impact could be mitigated against
- A full impact assessment should be undertaken to identify the sections of the community that will be most affected. This information should then be used to identify sections of the community that should be prioritised for engagement
- A clear audit trail of engagement activities should be created and maintained.

3. Options Development

- At this stage information from the pre-consultation stage is used as the starting point for developing 'options for change'
- All options must be viable, i.e. there cannot be an option to do nothing if this is not sustainable, as this would not be deemed a legitimate option
- Healthwatch Derbyshire advise using co-production to decide on options, using a variety of stakeholders, including members of the public
- By the end of this process organisations must be able to present a clear rationale for why they have decided on the options they will consult on, either through a record of the debate that has taken place, or through the scoring system they have applied
- This analysis should be published, and it should be clear why options were chosen, and why others were discarded
- The impact assessment should be updated with regards to the options that have been chosen.

4. Consultation

- The options developed in stage 3 above should now be presented to the wider population for their views, to help make better informed decisions. This information should include the reasons why the options are being proposed
- Consultation should be undertaken for an appropriate and proportionate length of time, taking into account the time of year and the extent of the changes being proposed

- Public consultation should be as accessible as possible to include anyone directly affected by the proposed change, as well as the wider public who may access the new service now or in the future. This includes providing multiple methods for accessing the information, providing interpretation and translation services, if required
- It should be clear how people can respond to and give their views on the proposals
- An impact assessment should be available and updated based on findings
- A variety of opportunities should be available for the public to discuss the options. Genuine open dialogue and discussion is key, and should not be seen as less important than questionnaires
- If there are any changes to the proposal or related information this should be made available to the public
- People should be told how they can be kept informed and involved in future developments.

5. Post-consultation

- Adequate time needs to be set aside for this stage, which is to consider the findings of the consultation and use these to inform any decisions. The process for doing this should be communicated to stakeholders
- Once the final decision has been made, it should be communicated, alongside how the feedback from the public has informed that final decision
- Where the decision is different from the majority of public opinion, this should be explained, and a rationale given
- The findings of the consultation should be easily accessible to the public
- Following the decision, next steps need to be fully explained.

In addition to these five stages, all public sector organisations must also have 'Due Regard' to the Equalities Act 2010. Section 149 contains the Public Sector Duty, with regards to consultation this means that:

- During any consultation process, and at all stages, there must be a commitment to eliminate discrimination, and advance equality of opportunity. Organisations need to be working towards a less unequal society, planning future investments to be inclusive, and managing change to avoid discrimination/disadvantage
- Equalities analysis should be recorded, and published
- Engagement with stakeholders and members of the public needs to take into account the protected characteristics, and organisations should be actively seeking their views
- Claims made regarding impact that might cause discrimination must be investigated
- The 'Brown Principles' - Brown v Secretary of State for Work and Pensions (2008) should be followed.

For more information about any aspects of this Best Practice Guide, please contact Karen Ritchie at Healthwatch Derbyshire on **01773 880786** or **karen@healthwatchderbyshire.co.uk**.

If you require this document in an alternative format please contact us

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ANNUAL SYNOPSIS OF ENTER & VIEW VISITS

Background

From June 2016 to February 2017, we carried out 26 unannounced Enter & View visits across all of the Derbyshire County Council (DCC) residential care homes. These included 22 services supporting older persons who commonly had varying degrees of dementia and four services for people who have learning disabilities.

These visits were undertaken by request of DCC, providing them with an additional independent dimension to their own internal quality assurance systems. Each visit was conducted by two or three of our trained volunteer Enter & View authorised representatives who provide a lay-person's view of services they visit.

We expanded the skills of our Enter & View volunteer body by developing an especially adapted training course, in partnership with MacIntyre (a national learning disability charity). This led to the appointment of two specialist authorised representatives who have learning disabilities. The knowledge, skills and expertise represented by the two specialist authorised representatives was used particularly within the learning disability service visits undertaken.

The purpose of the visits; what we set out to do …

- To enable Healthwatch Derbyshire authorised representatives (ARs) to see for themselves how services are being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To support DCC Direct Care Services internal quality audit system.

Reports

Following each visit, Healthwatch Derbyshire produced a report of findings and recommendations for each service to consider where the service might improve. These reports were agreed to be issued solely to DCC and the service itself but with three summary reports being produced at approximate four monthly intervals (in October 2016, February and May 2017). These summary reports were issued to DCC, the Derbyshire Clinical Commissioning Groups (CCGs), the CQC (Care Quality Commission), Healthwatch England and posted on the Healthwatch Derbyshire website enabling them to be publicly accessible.

Overall findings

On average, each visit took about $3^1/_2$ hours to complete and across all visits, aside from the structured observations conducted, information was gathered from 94 residents, 39 relatives and 83 members of staff.

Generally across all visits undertaken there was a significant range of evidence gathered reflecting very positively on the quality of care provided to residents. These are outlined as follows:-

- The services provide a homely, welcoming and comfortable environment
- There was a high degree of satisfaction and confidence expressed by both residents and relatives regarding the commitment, enthusiasm and skills of the staff
- Staff/resident relationships reflected care, sensitivity and respect for each individual
- Staff practices reflected the importance of choice, control, independence and personalisation for residents in their care
- Residents and relatives felt confident in raising any concerns if they had any
- The homes had good facilities for visitors and, in many homes, overnight stays are available if needed
- Residents were clean, well dressed and tidy in appearance
- High standards of cleanliness and freshness were evident within the homes
- Meals are of a very good standard and residents were highly satisfied with the choice and quality.

Recommendations

On average each report generated eight recommendations which were not necessarily indicative of many major concerns, but were often seeking clarification on issues raised/evidence gathered or suggestions to reflect upon or review an aspect of the care facilities or delivery.

Recommendations made were generally addressed positively by managers/DCC and the following illustrates some of the more common '*themes of concern*' within recommendations and the responses received as a consequence.

RECOMMENDATIONS THEME	SERVICE RESPONSES
We found external signage to some homes and clear information/signage for visitors on entry, was limited.	Individual homes introduced additional signage wherever possible.
We found that across all homes 'staff information boards' were not consistently displayed for visitors in the entrance/reception areas.	DCC reviewed their position on the necessity of these and decided that they add little value to what are essentially consistent resident, staff and visitor groups associated with the homes.
We found that a number of the homes were struggling to maintain their gardens and outside spaces.	DCC reassessed the needs of each home and now provide an improved regular low maintenance landscape service programme.
We found that the number and location of hand sanitisers was variable throughout the homes.	Homes where this was identified introduced more hand-gel units and/or provided staff with personal hand-gel bottles to use.
We found that resident hand hygiene did not always appear to be consistently provided prior to and/or after meals.	DCC have asked managers to raise this concern with their staff teams and to observe the practice on a daily basis.
We found that there was variation between the homes in the provision and/or quality of dementia-friendly signage	DCC have assured us that Internal signage for the care homes has now been ordered
We found distinct differences in the quality of facilities, such as bedroom en-suites, particularly between the older and more modern homes. In some other homes the choice of baths or shower facilities was restrictive	In 2016 DCC told us that a £4.1m capital expenditure on Direct Care Homes for Older People had been approved and will include refurbishment in some homes with others having money to improve bath/ shower facilities.
We found that where homes had skylights installed they did not always include protection from any strong sunlight.	In all cases the homes concerned introduced systems of either installing tinted UV protective glass or suitable blind systems.

RECOMMENDATIONS THEME	SERVICE RESPONSES
We found that it was not always clear as to how the requirements of the Accessible Information Standard (July 2016) were being met in relation to each resident.	DCC told us that awareness is being raised through discussions and that a new information gathering form identifying individual communication needs, is completed with each resident.
We found that residents with capacity did not always have access to facilities to make their own drinks and snacks throughout the day.	DCC told us that this is an area that will be addressed with regards to the ongoing refurbishment plans within homes.
We found that there was some inconsistency across homes concerning the range and frequency of stimulating leisure/recreational and therapeutic activities for residents.	DCC told us that they had reconfigured staffing arrangements to introduce a senior care worker role with responsibilities to coordinate a programme of activities delivered by the staff team as a whole.
We found that hearing loop systems were not always evident or known how to be used by staff in all homes.	DCC told us that they have reviewed what is currently in place within establishments and a development plan is being drawn together.

Intelligence Report – June 2017

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

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

New:
In this issue we would particularly like to draw your attention to:

- The Good Practice Guide to Consultation and Checklist.
- Maternity Services Report
- LGBT+ experiences of using health services
- Summary reports for unannounced Enter and View visits commissioned by DCC to their establishments across the county during 2016/2017. This consisted of 22 services supporting older persons and four services supporting people who have learning disabilities.

Please note:

Healthwatch Derbyshire follow up periodically on all actions pledged in response to recommendations made in our reports. Information on progress made can be found on our website (links are provided in this report), or you can request a verbal update.

Good Practice Guide to Consultation

Healthwatch Derbyshire have produced a 'Good Practice Guide to Consultation' and 'Checklist'. This has been produced to ensure meaningful and lawful public engagement in changes to health and social care services.

We will be particularly promoting this over the coming months/years to promote meaningful public engagement in the Sustainability and Transformation Plan (STP), and support commissioners to ensure that the public have the opportunity to get involved in co-producing shared solutions to the problems the NHS is currently facing.

Both documents can be found here:

http://www.healthwatchderbyshire.co.uk/stp-derbyshire-joined-care/best-practice-guidance-consultation/

New Reports

➢ Maternity Services - Antenatal, Intrapartum (birth) and Postnatal Care

Due to various themes emerging in the information we were receiving through our general engagement activity, we decided to approach people who used maternity services, with regards to all three stages, i.e. antenatal, intrapartum (birth) and postnatal care in a more targeted way to find out a little more about the issues that were starting to emerge.

This work took place between September – November 2016, and resulted in the collection of 229 experiences of maternity services.

Key findings

There are several themes that emerged from the engagement, which are as follows:

- People spoke about difficulties and delays with detecting tongue-tie
- Midwives
    - Continuity with the same midwife was seen as important
    - People spoke positively about community midwives
    - People spoke positively about hospital midwives
- There were mixed experiences of health visitors
- There were mixed experiences of the care offered in hospital after labour, most commonly with regard to assistance with feeding
- People spoke about long waits for scans. The reasons for the delays were not communicated well.
- People spoke positively of breastfeeding support in the community
- People reported mixed experiences in terms of the approach to identifying and responding to postnatal depression. There was a reported lack of awareness of how to respond to postnatal depression by professionals
- People spoke about not feeling adequately prepared for what can go wrong during labour, and how they might feel and cope once back at home
- People reported cancellations and rescheduling of planned C-sections.

Services should consider:

- The difficulties with detecting tongue-tie, and the delays in treating it once detected, and how these can be resolved
- The importance of continuity with regards to midwives during pregnancy and how this can be provided
- How more information can be given in respect of waiting times for scans and related consultations. This is both prior to, and on the day of the appointment.
- How postnatal depression, for both parents, can be identified and responded to more sensitively and appropriately
- Whether there is appropriate availability of and access to health visitors
- How prospective parents can be better prepared for the antenatal and labour period
- How breastfeeding support is currently provided in hospital and how this can be improved
- The impact, and information given to parents, when C-sections have to be cancelled.

This report is still out for response which will be provided by the Derbyshire Local Maternity System (LMS) Steering Group (Children's and Maternity Transformation & Delivery Group, Workstream 1 - Maternity). A response is expected very soon.

➢ LGBT+ experiences of using health services

Due to various themes emerging in the information we received through our general engagement activity, we decided to approach the LGBT+ community in a more targeted way to find out a little more about the issues that were starting to emerge.

This work took place between September – November 2016.

During these months, engagement officers arranged to attend specific groups run by Derbyshire LGBT+ to talk to the LGBT+ community about their recent experiences of using health services. A total of 25 participants are represented in this report.

Key findings

There are several themes that emerged from the engagement, which are as follows:

- Lack of LGBT+ magazines, information leaflets and rainbow signs in general practice
- Distrust over referral processes from general practice to gender identity clinics
- Professionals failing to use chosen name and referring to appropriate gender
- Frustration at tendency for professionals to attribute mental health problems to sexuality
- Issues at London Road Sexual Health Clinic, Derby, including access issues, long waiting times, delays being seen, delays getting results and LGBT+ having to be seen by a doctor
- Positive feedback regarding the sexual health clinic in Nottingham.

Services should consider?

- Health services to be more LGBT+ friendly, considering steps such as having magazines, information leaflets and displaying rainbows
- Address the range of issues raised about the sexual health clinic at London Road, Derby
- Tackle reasons for distrust in referral processes
- Consider training/awareness raising for staff, covering topics such as:
    - Using chosen name and gender
    - Ensuring gender-appropriate accommodation
    - Increasing awareness of frustration caused if professionals attribute mental health problems to sexuality
    - Not assuming that same-sex parents are siblings
    - Not asking personal questions that are not relevant.

This report is out for response. Responses should be with us shortly and we will published in the report and feedback to participants.

Update on a selection of earlier reports

These reports have been summarised in earlier versions of this Intelligence Report, and can be found on our website under ‘Our Work’. Reports with updates are as follows:

➢ GP Patient Online Services report

This report has been published and the full report and responses received can be found at:

http://www.healthwatchderbyshire.co.uk/2016/11/gp-patient-online-services-report/

- **Experiences of using Health and Social Care Services before, during and after Mental Health Crisis**

This report has been published and the full report and responses received can be found at:

http://www.healthwatchderbyshire.co.uk/2016/09/substance-misuse-report/

Actions pledged in responses to the recommendations made in this report are due to be followed up in June 2017, following this we will provide an update.

We have produced and circulated a feedback flyer for groups and individuals that took part in this work, to tell them what has happened as a result. This can be found here:

http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2016/12/A4-2PP-Flyer-004.pdf

- **Living with Substance Misuse report**

This report has been published and the full report and responses received can be found at:

http://www.healthwatchderbyshire.co.uk/2016/09/substance-misuse-report/

Actions pledged in responses to the recommendations made in this report are due to be followed up in June 2017, following this we will provide an update.

We have produced and circulated a feedback flyer for groups and individuals that took part in this work, to tell them what has happened as a result. This can be found here:

http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2016/09/MP2363-A4-2PP-Substance-Abuse-Flyer-003.pdf

- **Access to Health Services for People with Learning Disabilities report**

This report has been published with responses to the recommendations. We have also received a number of updates with regards to the report. All of this can be found here:

http://www.healthwatchderbyshire.co.uk/2017/02/access-health-services-people-learning-disabilities-report/

- **Autism Pathway report**

This report has been published with responses to the recommendations. We have also received a number of updates with regards to the report. All of this can be found here:

http://www.healthwatchderbyshire.co.uk/2016/12/autism-pathway-report/

Healthwatch England have also produced a report recently which collates the findings from the Healthwatch network with regards to children and young people with autism. The work of Healthwatch Derbyshire features in this report and it can be found here:

http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2016/12/Children-and-young-people-with-autism-findings-from-the-Healthwatch-network.pdf

HWD is considering repeating engagement activity with regards to the Autism Pathway later in 2017.

Enter and View Reports

For more information about Enter and View please go to:
http://www.healthwatchderbyshire.co.uk/about/about-enter-and-view/

Enter and View visits to Derbyshire County Council Care Homes

HWD was commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to their establishments across the county During 2016/2017. This consisted of 22 services supporting older persons and four services supporting people who have learning disabilities.

As the Enter & View reports were commissioned primarily for DCC's own consumption, individual reports are not placed in the public domain as is usually the case with Healthwatch Enter & View reports, unless there is an additional purpose to the visit taking place, e.g. concerns expressed by Derbyshire residents. However, a tri-annual summary report was agreed to be made public and published at the end of September 2016, February 2017 and April 2017.

The September summary report can be found at:

http://www.healthwatchderbyshire.co.uk/2016/10/dcc-care-home-enter-view-summary-report/

The February summary report can be found at:

http://www.healthwatchderbyshire.co.uk/2017/02/enter-view-tri-annual-summary-report/

The final summary report can be found at:

http://www.healthwatchderbyshire.co.uk/2017/05/final-enter-view-tri-annual-summary-report/

Healthwatch Derbyshire have been commissioned to continue these visits in the coming year, but a selection of 13 homes have been chosen.

Pending reports, current and future engagement priorities

- The Accessible Information Standard. Exploring experiences of accessing health and social care services for patients with a sensory impairment – report pending.
- Current engagement priority – CAMHS engagement May-July 2017 (repeated two years after initial engagement activity completed).
- Future engagement priority – Dementia services

Please note: Our Annual Report will be available on the 30th June 2017, and can be viewed on our website, or you can request a copy.