

# DCC and DCHS Integration Consultation

## November 2023

### 1. Background and Methodology

- 1.1 In August 2023, Derby City Council and Derbyshire Community health NHS Foundation Trust agreed to a period of consultation and engagement to seek views and ideas from the people who are likely to be the intended recipients and beneficiaries of the services in scope for joining forces to become a fully integrated single service. The main approach that was agreed was to create a consultation summary document – explaining what the process was exploring, but also to issue a survey to be available for completion from 18th September to the 17th November 2023. The consultation and engagement methodology included:
- Launching a dedicated survey using the “lets Talk Derby” web page and heavily promoting this through our organisational communication channels. The survey was also available as a hard copy with a free post address.
  - Promotion and distribution of the survey and consultation material using the Integrated Care Board’s Public and Patient Groups which are groups of “lay” members who are involved with the Integrated Care System to improve health and care services.
  - Distributing the consultation material and surveys to all libraries in Derby and asking General Practices to promote via the websites.
  - Raising awareness of the survey through partnership channels such as the Derby City Place Board, the Ageing Well Group and via Primary Health care Derby Ltd – a City wide company supporting the five primary care networks.
  - Attendance and discussion with DCHS’s Council of Governors which comprises a mixture of governors elected by the public, staff and by nominating public sector organisations.
  - Attendance at the Mickleover Carers group and consultation material distributed to other Carers and voluntary sector groups in the City.

- Promotion of the survey with key NHS partners such as East Midlands Ambulance Services, University of Derby and Burton Hospital Trust, and DHU Health Care.
- Promotion of the survey with all employees working in the relevant services of both organisations, and also holding discussions with employee Trade Unions within both organisations.
- General promotion on social media platforms of the Council and DCHS.

1.2 The survey was carried out using Lets Talk Derby, the online survey software and with paper copies shared throughout the consultation process and provided on request.

1.3 In total there were 89 responses to the survey.

## 2. Main Findings

### 2.1 Agreement that Derby City Council and Derbyshire Community Health Services should enter into a partnership to deliver services that support people

- 2.1.1 Table 1 below provides the number of respondents in agreement or disagreement with the proposals. In the main respondents either strongly agree or agree with the proposals (90%) with 6% respondents who said they neither agree nor disagree and 4% who do not agree.

**Table 1. Agree or disagree with the proposals**

	No	%
Strongly agree	55	61.8%
Agree	25	28.1%
Neither agree nor disagree	5	5.6%
Disagree	2	2.2%
Strongly disagree	2	2.2%

### 2.2 Please provide any comments on the proposal for Derby City Council and Derbyshire Community Health Services to enter into a partnership to deliver services that support people to leave hospital, or prevent them from having a crisis at home that may lead them to need urgent or long term care.

- 2.2.1 When reviewing the comments, there were a significant number of respondents who commented that this would be beneficial to themselves or to someone they know or care for. Respondents gave varying reasons to me positive from this being a positive move forward, how this would provide a better service and that this will help aid people better to get home and not be in hospital.

***‘Anything that could safely enable patients to be discharged earlier from hospital is to be welcomed.’***

***‘It is imperative that care of people is joined up across providers from health and care services, whoever is providing them. This partnership would support joined up care provision.’***

***‘It is essential that there is a joined up approach to enable a responsive and effective service which should aim to improve the patient’s journey. This should ensure that the complexities and needs of patients being discharged home are met appropriately and that they are not staying in an acute environment waiting for services to join up care and support at home. It also means that re-admission to an inappropriate acute environment due to lack of support or changing needs can be met in a more personable way to meet the needs to the residents of Derby. Health and social care do not work well together and this needs to***

***change with an ever increasing population with complex healthcare needs.'***

- 2.2.2 A number of respondents were positive about the proposals with suggestions on how to make this work for those being discharged.

***'The structure has got to be there to help people. Not just a quick 5 to 10 minutes career call.'***

***'The service should operate at times when people are actually likely to need support and also at weekends. Referral process for ambulance services should be simple and easy to access to prevent patients needing to be taken to hospital.'***

***'It is vital to get the help to the people who need it the most as directly as possible. Meetings, consultations and referral waiting times need to be kept to an absolute minimum.'***

- 2.2.3 Three respondents who stated they neither agree nor disagree gave comments. With an outline of pros and cons on joint working, a query on the financial side from Derby and Derbyshire and comments on the geographical area.

***'There are pro's and con's to joint working. firstly health needs are normally met by health funds. joint up working would blur these lines ASC are already on their knees financially and struggle with staffing levels. ASC already have a large financial commitment to customers who should be funded by health. On the other hand working together will mean the customer will not be left with no support or poor support due to each Health and social care assuming the other is assisting the customer. This should also lead to a smooth and stream lined service when the customer is at their most vulnerable when leaving hospital after a stay. Although I feel 2 weeks support is not long enough, ASC have a wait currently for support and this is so much longer than 2 weeks currently. Just supporting the customer for 2 weeks after a hospital stay is going to put more pressure on adults social care as more than 50% of customers will require ongoing support from ASC and this will mean a delayed wait for an assessment to look at long term support and still even longer wait for this service adding more pressure to staff'***

- 2.2.4 Those respondents who disagree with the proposals gave different reasons from not knowing the budget situation and feeling the council and healthcare staff have different skills.

***'Trained staff with a healthcare background are needed. The council do a different job'***

- 2.3 If you have any comments on the impact these proposals would have on you or someone in your family, please tell us below.

- 2.3.1 There were a number of different comments on how the current process has impacted on people and how a change would aid with those people who are elderly. There were a number of comments on digital changes and how people didn't understand or need an online process. As well as other forms of communication such as BSL. Overall respondents did not know how this may affect them in the future but wanted the process to be simple.

***'From vast experience over the last 5 years the biggest barrier has been poor communication between professionals, resulting in stress and delays for my elderly mother. Bring it on ASAP'***

***'I am 80 years old, fit, and able, and live in a Liversage Trust house. I have no family living in Derby. I am beginning to 'slow down' but still want to be part of the community and contribute in some way. I think there are many older people in a similar situation. I find IT has left me far behind, but most things are done online. I find this quite intimidating, and therefore do not get involved with much that I see on my computer. I think anything proposed would be online, not face to face and therefore I would not really interact; or be able to inform my family of any proposals.'***

- 2.4 If there is anything else you would like to tell us about the health and care support services from Derby City Council or Derbyshire Community Health Services, please tell us below.

- 2.4.1 Respondents who commented, made reference to communication to ensure that people understood the process in the future and families felt informed of the process. A number of comments mentioned bureaucracy and the processes involved.

***'A close working relationship is required, having recently accessed care in the community relating to palliative care support it varied from exceptional (charity and GP service) to poor-good community nursing team. Communication is vital and reducing red tape making services responsive to needs.'***

***'In my experience there is far too much talking and not enough action, far too many managers and not enough people actually giving physical support. Endless consultations and meetings do little to help the most desperate, in fact they often make matters worse for them.'***

### 3. Who responded?

Table 2. In what role are you completing this survey?	
I am responding on behalf of an organisation/in my professional role	19
I am a member of the public who has used health or care services provided by Derby City Council and/or Derbyshire Community Health Services	20
I am a member of the public who lives in Derby City	44
Other (please specify)	4

Table 3. Please tell us how you describe your gender.	
Woman/girl	37
Man/boy	25
Prefer not to say	7

Table 4. Is the gender you identify with the same as your sex registered at birth?	
Yes	61
No	1
Prefer not to say	6

Table 5. I consider myself to be...	
heterosexual/straight	50
bisexual	1
a gay man	4
a gay woman/lesbian	1
Prefer not to say	11

Table 6. Do you consider yourself to be a disabled person?	
Yes	22
No	47

Table 7. To which group do you consider you belong?	
Asian or Asian British - Indian	2
Black or Black British - African	1
Any other Black background	1
Dual Heritage - White and Black Caribbean	1
White - English / Welsh / Scottish / Northern Irish / British	60
Any other ethnic group	2

Table 8. To which religion do you belong?	
Christian	23
Sikh	1
Other	2
Prefer not to say	3

Table 8. Age on last birthday?	
25-34	2
35-44	8
45-54	4
55-64	14
65+	35

#### 4. Comments in detail

Agreement with proposals	Please provide any comments on the proposal for Derby City Council and Derbyshire Community Health Services to enter into a partnership to deliver services that support people to leave hospital or prevent them from having a crisis at home that may lead them to need urgent or long term care.
Strongly agree	I believe this is a positive step forward to integrate and prioritise all too precious care and resources
Strongly agree	I would be keen to see what provisions would be in place for support, or even follow up, after the two week period. This is acknowledged as short term. Will there be a phased release from the service, how will people access support should they deteriorate, without having to enter the system again at the beginning of another two week period?
Strongly agree	More joined up would provide a better service
Strongly agree	need to remember mental health and disability
Strongly agree	The structure has got to be there to help people. Not just a quick 5 to 10 minutes career call.
Strongly agree	Some steps have already been taken as part of Joined up Care Derbyshire. These are proving effective in helping people return to home from hospital.
Strongly agree	The service should operate at times when people are actually likely to need support and also at weekends. Referral process for ambulance services should be simple and easy to access to prevent patients needing to be taken to hospital.
Strongly agree	Both my wife and I have recently experienced post-hospital care services - all excellent - and the closer they can be the better. For patients, a one phone number call for any service.

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Strongly agree	Provided professional healthcare team in situ I can see no problem. Client can be fully assessed and would be less traumatic for client and family
Strongly agree	This will need extra robust in home planning, such detailing a care plan in the event of a crisis and that other HCP have access too.
Strongly agree	It is vital to get the help to the people who need it the most as directly as possible. Meetings, consultations and referral waiting times need to be kept to an absolute minimum.
Strongly agree	This is essential to make sure care is joined up and people don't fall through a gap of care
Strongly agree	Good proposal. More detail required
Strongly agree	I agree that Derby and Derbyshire community Health Services should enter into partnership. I would go further and ask for them to merge. there is no reason why Derby City Council should be separate at all. It is simply costing us, as residents more money with duplication of administration and management.
Strongly agree	So many beds are blocked in hospitals so people need to be fully supported at home to ensure they are not re admitted,
Strongly agree	I fully support this proposal
Strongly agree	Anything that could safely enable patients to be discharged earlier from hospital is to be welcomed.
Strongly agree	In home care there are so many phone calls to make to get the right one. If DCC & Comm Health Services together it would make life a lot easier!
Strongly agree	Joint partnership between agencies is a fantastic idea and will hopefully improve communication as we all know that between services it can be poor at times
Strongly agree	About time too. Long overdue.
Strongly agree	'Home First' at in East Staffs is a Team that works in this way. Having worked for this team have seen how well it works BUT need enough support workers who understand and are able to carry out reablement therapy goals alongside care.
Strongly agree	It is imperative that care of people is joined up across providers from health and care services, whoever is providing them. This partnership would support joined up care provision.
Strongly agree	easy read info and calm apartments
Strongly agree	Will help to ensure that people don't get passed from pillar to post and should help people stay at home.
Strongly agree	This is needed to get people out of hospital and back home. To release hospital beds.



Agreement with proposals	Please provide any comments on the proposal for Derby City Council and Derbyshire Community Health Services to enter into a partnership to deliver services that support people to leave hospital or prevent them from having a crisis at home that may lead them to need urgent or long term care.
Strongly agree	It is essential that there is a joined up approach to enable a responsive and effective service which should aim to improve the patient's journey. This should ensure that the complexities and needs of patients being discharged home are met appropriately and that they are not staying in an acute environment waiting for services to join up care and support at home. It also means that re-admission to an inappropriate acute environment due to lack of support or changing needs can be met in a more personable way to meet the needs to the residents of Derby. Health and social care do not work well together and this needs to change with an ever increasing population with complex healthcare needs.
Strongly agree	Long overdue. The NHS can't operate effectively without the support from and partnership with social care services. Huge potential for efficiencies in developing single or joint services that will release hospital beds and get people home quicker.
Strongly agree	Collaborative ways of working between both the organisations will benefit the community.
Strongly agree	These services should go hand in hand as DCC reside over the whole community and DCHS care for the community. For both functions to be coherent, it's vital they're singing from the same hymn sheet, with their services running both seamlessly and embedded within one another
Strongly agree	Think everyone needed care . After being very poor .. confidence to doing & moving on .. . Time & care
Agree	I support the proposal, people are living longer but sadly often in ill health. The present arrangements are not sufficient, staff must often feel overwhelmed
Agree	If this helps people I am all for it.
Agree	Contact necessary while in hospital and at an early stage back home to log needs.
Agree	Makes sense to work as one. Stop duplication. Need potential value demonstrating. Should not cost more for a unified service.
Agree	Like the idea just hope both work well together esp as NHS and doctors seem in a mess.
Agree	Well something needs doing to help mess it is in
Agree	I agree provided it doesn't mean that the staffing and services will be halved as a result of the two organisations combining.
Agree	I was part of a joint venture and was disappointed that although I am aware of cost the health service gave the time and patient care required for each patient, at the discretion of the health care professionals judgement. Derby City Council had visits timed to the minute, as a healthcare professional myself on some occasions I would

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	not have had time to take off my coat, wash my hands and introduce myself. I hope that is addressed within the joint venture
Agree	Any partnership that can prevent a crisis and a longer transition to better health can only be a positive step
Agree	I believe this is already happening
Agree	Each situation that precedes crisis or a need for urgent / long term care is individual and should be approached accordingly - there isn't a capture all pathway
Agree	It's clear people who are at home mentally seem better
Agree	Sharing resources to best support people at home is a good idea. It would be beneficial if the partnership comes with sharing of computer systems, staff training and shared service objectives.
Neither agree nor disagree	Is the city going to inherit any of the county councils debt
Neither agree nor disagree	There are pro's and con's to joint working. firstly health needs are normally met by health funds. joint up working would blur these lines ASC are already on their knees financially and struggle with staffing levels. ASC already have a large financial commitment to customers who should be funded by health. On the other hand working together will mean the customer will not be left with no support or poor support due to each Health and social care assuming the other is assisting the customer. This should also lead to a smooth and stream lined service when the customer is at their most vulnerable when leaving hospital after a stay. Although I feel 2 weeks support is not long enough, ASC have a wait currently for support and this is so much longer than 2 weeks currently. Just supporting the customer for 2 weeks after a hospital stay is going to put more pressure on adults social care as more than 50% of customers will require ongoing support from ASC and this will mean a delayed wait for an assessment to look at long term support and still even longer wait for this service adding more pressure to staff
Neither agree nor disagree	No information given as to the allocation of funds. Is it possible that funding could be reduced in Derbyshire to subsidise need in Derby.
Neither agree nor disagree	This is a huge geographical area with very different communities and different challenges the new system would need to build in a dynamic response to enable a meaningful service which doesn't allow the most difficult or vulnerable to fall through the net you need to show this first

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Disagree	Trained staff with a healthcare background are needed. The council do a different job
Disagree	What about patients rehabilitation
Strongly disagree	We already have Local Area Coordinators on 40 plus thousand a year; who are making very little difference to reducing pressure on health and social care services. Spend that money better, they are a waste of money. All they do is visit coffee mornings and warm spaces...
Strongly disagree	Neither know how to administer a correct budget and there are already teams within both services failing at delivering such services

<b>If you have any comments on the impact these proposals would have on you or someone in your family, please tell us below.</b>
Additional support
Am at an age where need confidence in health/care at moment not confident at the way things stand at the moment.
Any change impacts on us all and this is not for the betterment of the people just on your figures
At the moment, there is no-one in my family that would be impacted. But my mum is elderly and although very independent right now, this could change. To have such a service would I feel help her keep/regain her independence which is very important to her.
Be good
Better integration would help
Both my wife and myself are disabled. I am 67 and worry about the help my wife and I will receive as I/we get older.
Both of my parents lived in Derby and died in the last few years. Derby City Council offers no support whatsoever, not even an assessment for elderly sick people, so any change must be an improvement.
Family agreement and co-operation essential from the start of assessing support.
From vast experience over the last 5 years the biggest barrier has been poor communication between professionals, resulting in stress and delays for my elderly mother. Bring it on ASAP
Having social care assessors for ongoing needs within the team would make navigating care system so much easier.
I am 80 years old, fit and able, and live in a Liversage Trust house. I have no family living in Derby. I am beginning to 'slow down' but still want to be part of the community and contribute in some way. I think there are many older people in a similar situation. I find IT has left me far behind, but most things are done on line. I find this quite intimidating, and therefore do not get involved with much that I see on my computer. I think anything proposed would be on line, not face to face and therefore I would not really interact; or be able to inform my family of any proposals.

<b>If you have any comments on the impact these proposals would have on you or someone in your family, please tell us below.</b>
I am 82 years old with some health issues, mobility is limited, I will doubtless need some help in the future, and, like most of the elderly, I do not want to burden my children, they all work full time and have their own families to care for.
I care for 84yr old husband with dementia. Get very little help, they passed from one dept to another and end up back where I started, with nothing
I could cite multiple examples where communication and collaborative working between services could be strengthened to support joined up, holistic care of people
I have 84yr old husband with vascular dementia. Would not know where to start for help if questions co 2 occur in my life
I work as a DCHS Derby City Care Co-ordinator and from the outline spec the service would potentially support patient care in the most optimum way; minimising community crisis care at point of acute care discharge
Joined up working is always more effective
My Dad had care from both health and Derby City council after discharge from hospital, we found that within the 2 weeks the care was fantastic but once moving over to private agency allocated by DCC they took some education to provide a good level of care.
My good friend is trying her best to stay in her home and be independent. If not for the help of her family she would be in a right mess.
None currently
None immediately, but I can envisage the situation arising in the future.
Not at the moment
Not aware at this moment in time
People do not like digital services and many miss out through lack of access how will you give people real choice and dignity how will people retain dignity
Pushing healthcare back to families is the wrong way to cut costs
see previous answer
The impact of these changes would enable a one stop shop approach to help meet the potential needs of an elderly family member, who we are currently supporting as a family to keep out of a crisis situation/complex/poly medication needs whilst we are all recently bereaved.
The important thing for our customer group is to ensure that there is access to BSL communication at all stages of the support - prior to discharge during assessments, at home when initially discharged and in receipt of Home First or therapy services, when support is provided to prevent admission. Without access to BSL, Deaf people are at a disadvantage, their health may be impacted and services are not compliant with legislation - Equalities and BSL Act. Provision of a pool of ipads would support online interpreting provision for communication about care in the person's home, with face-to-face interpreters being provided for longer appointments. Special consideration is also needed for deafblind customers to meet their communication needs appropriately.
This might have been useful after my op in Jan 2023
This should be the first step towards a full merger of services.
Too late now but would have had in the past
Waiting times can make all the difference where help is urgently required

<b>If there is anything else you would like to tell us about the health and care support services from Derby City Council or Derbyshire Community Health Services, please tell us below.</b>
A close working relationship is required, having recently accessed care in the community relating to palliative care support it varied from exceptional (charity and GP service) to poor-good community nursing team. Communication is vital and reducing red tape making services responsive to needs.
As long as the funding is available to ensure a better service
Being able to rehabilitate in familiar surroundings (own home) is important to many people and there is research that shows people often recover quicker. This can therefore only be a good thing.
Change the top level management and get some proper reporting systems in place
Currently disjointed. How will it connect with acute hospitals, urging homes and GP's?
Do hope that by joining together this is not going to create a down grading of services
easy read info and videos about it
Have tried to access them in the past to support my mother but none available so she ended up in hospital,
I don't really know anything about the support services for older people, so cannot answer this question.
I think more should be done to help people who are struggling to care for their loved ones at home on their own. I also think we should make more use of technology like monitors and alarms
Improvements is good
In my experience there is far too much talking and not enough action, far too many managers and not enough people actually giving physical support. Endless consultations and meetings do little to help the most desperate, in fact they often make matters worse for them.
LAC's are a waste of money. Start there!
More promotions on Facebook, etc, other media to point people in the right direction for help. Not just for the person concerned but the family because they suffer as well.
My friend has had to wait 4 years to have a wet room fitted and have a ramp fitted unacceptable as she hasn't been able to wash properly in all that time.
N/A
Needs to be more joined up as distressing for family when trying to get urgent care for a relative and need to contact numerous departments
no
Not a clue. Should know as I home care aide for over 20yrs, look all so different + help dispersed in loads of different depts. WHERE to START??
Not at the moment
Not at the present time
On the whole very good. In my opinion staff need more time per visit to be able to provide a good standard of care and certainly more training.
Periodic visits and assessment necessary for individual, family and helpers.
Recent Involvement has been delivered unevenly - one day great, knowledgeable staff, promises made, the next "we know nothing about that" Central IT System - Central Hub - Central Contact Point needed.
The cares do good job . But needed time because not everyone the same
This is wrong
Two weeks enablement is not enough time to create sustainable support for vulnerable people you need to extend this or build in a post enablement offer for the following 6 weeks otherwise it will just bump people who will then bounce back into the system
Who is going to be in charge of controlling the finance

