



4Es STAKEHOLDER ALLIANCE

Equality, Experience, Engagement & Enablement (DRAFT)

Issue 7: February 2015

“Working together for the common good”

Welcome to the seventh edition of the 4Es newsletter. This newsletter is produced every two months, in line with our 4Es meetings so that we can share our collective work to improve engagement, access and equal outcomes for all groups. This document also serves as our meeting notes and actions. In this issue you will learn about the session that took place on Tuesday 17th February 2015 at the Genesis Centre, Alfreton. Notes of the last meeting were agreed, with the following amendment North Derbyshire Mental Health Carers Forum.

This session focused on our 4Es partnership and we used the opportunity to look forward and look back at what we have collectively achieved over the year. We also asked colleagues to tell us how we are doing with regards to the way the Trust engages and our relationship with stakeholders. The meeting on the 21st April, 2015 will be focusing on the role of Social Capital, reflecting and taking forward the learning and actions from this review session.

Welcome and setting the context



Steve Trenchard, Chief Executive and chair of 4Es welcomed partners and invited colleagues to think about the relationships around the tables and what we have done together. **Making a difference – in my view, the best thing we have collectively achieved is.....** Colleagues summed the discussions up with the following points of note:

Checking things out. Touching base with people who really know what's going on locally in the communities.
Steve Trenchard

We find there is a natural alliance of people and more awareness of the needs of carers. The Art Group is great example.
NDMHCF

Networking – building partnerships. Many new partnerships and community collaborations have been formed from meeting other organisations at 4E's meetings.
Table 1

Gentle elegant challenges. I particularly value working in the REGARDS Task Group

Being listened to. Not shut down in anyway. You get to hear from staff working in the Trust. Table 1

Challenge, keeping in check with what right for communities, held to account, supportive forum.
Table 3

I got the biggest lesson from 4Es and learnt a lot. We were talking about the recovery and we got quite a lot of challenge. The word more than the concept. It's helpful to have that continuous check that we all speak the same language and are we doing right for our communities. Sara Bains, Recover & Wellbeing Lead

Unique forum and listening space. Frank and open debate There are not many forums or Trusts where Chief Executive, Chairman, Governors and staff work so closely with service users and carers. Healthwatch

Meeting new people, learn about other diverse communities. Table 4

Spotlight on Healthwatch Derby & Derbyshire

Healthwatch is an independent consumer champion, a watchdog, serving city and county residents with a remit of Health and Social Care Services

We link in with service providers such as:

- NHS Trusts, and also service commissioners such as the CCGs
- We feed back to regulatory bodies such as the Care Quality Commission
- We link in with the local authority, and to the Health & Wellbeing Board
- We link in with NHS decision makers through the Quality Surveillance Group
- We link in with local Healthwatches and with Healthwatch England



People can make a comment in lots of different ways. The first thing we do with 'a comment' is ensure that we signpost to appropriate agencies, such as complaints dept. or advocacy support when appropriate.

Or it could be that they need further information and advice, so we would signpost to a carer's organisation or the CAB, for instance. We regularly meet with different organisations to update our knowledge and information about where people can go for support.



We also make safeguarding referrals, referrals to the CQC, or escalate concerns to HWE if we think it has national significance.



We know that people need to know that there is a point to talking to Healthwatch, after all one of the main barriers to people speaking up is feeling that it won't make a difference, or they won't be listened too, so we take feeding back to people on what we have done very seriously. If we have

the contact details of the person making the comment, then we feed back to them what the service provider has said

We also report on the impact we are having through our Speak Out Report which can be found on our website. This is also circulated to our mailing list, and as widely as possible through other networks.



Jas Dosanjh, Engagement Officer
Healthwatch Derbyshire





How does Healthwatch Derby link in with patients and carers at the Trust?

Dedicated outreach
Forums
Meetings, support groups, workshops
Data exchange/urgent concerns
Enter & Views
Consultation projects

Samragi Madden, Compliance Officer, Healthwatch Derby

Consultation Project – Think Healthy

Derby's independent consumer champion for health and social care services, [Healthwatch Derby](#), has [published the findings](#) of an in-depth independent review into our work in the city, following an innovative collaboration between the two organisations that looks set to be continued in the future.

Healthwatch Derby was given exclusive access to our services in the autumn of 2014, to see how we support people with mental health problems, people with learning disabilities and Derby's children and families. Healthwatch Derby staff were given the opportunity to observe Trust team's first-hand, shadowing the mental health Crisis Resolution and Home Treatment team over a 12-hour shift as well as the school nursing and health visiting teams. They also conducted two 'enter and view' sessions at the Radbourne Unit and on Wards 1 and 2 at London Road Community Hospital, to assess the care of adults and older adults experiencing acute mental distress and to collect the views of patients and carers receiving support from each service.

The collaborative 'Think Healthy' review also saw staff from both organisations promoting a questionnaire, and organising and attending face-to-face public feedback events including a trilingual workshop at the Indian Community Centre run in Punjabi, Hindi and Urdu.

'Work together'

In total 1,070 items of individual feedback were collected.

Now, the two organisations hope to build on the close relationship developed during the period of the review and work together to ensure that services are constantly changing and improving to meet people's needs. The Trust is launching a revised Patient Experience Committee that will act on the recommendations in the Think Healthy review and report back to Healthwatch Derby on its progress.

Findings

The report on the Think Healthy review includes the following findings:

- Of those who responded to the **Think Healthy survey**, 70% rated the services they had accessed as fair to very good, 72% rated safety and care at the Trust as fair to very good and 70% rated the Trust's effectiveness of care as fair to very good.
- The Trust's **Crisis Resolution and Home Treatment team**, which intervenes to support people experiencing acute mental distress, "deals with each patient with empathy, dignity, sensitivity and support" – however because the team operates with handwritten notes, "there is a delay in getting information back to base"; there is also feedback from individuals that there was a "long waiting time for counselling referrals" for patients.
- The Trust's **health visitors** "have a good rapport with mothers and babies they are supporting," "good provision of facilities" and the ability to "speak a variety of languages" –

however some consultations “see the mother standing while the health visitor completes assessments and checks,” while improvements could be made in terms of efficiency as “all notes taken are paper based.”

- The Trust’s **school nurses** “have a good rapport with children they are assessing, and good use of engaging and informative assessment formats.”
- General feedback at the **workshops** indicated that people using the Trust services felt safe within the Trust, had positive patient experiences and benefited from good facilities – however there was also negative feedback about the use of out-of-area beds (“can be restrictive for carers and family members”), the need for “better cohesion between services” and “continuity of care”, the need to travel to access services (“hinders and affects patient experience”) and the “negative perceptions of the Trust” and of mental health in general.
- The Trust could do better in terms of breaking down “**language barriers**”, while there is in some cases more work needed to expand and respond to feedback about a “lack of culturally appropriate services.”

'An opportunity to listen'

Carolyn Green, Director of Nursing and Patient Experience at Derbyshire Healthcare NHS Foundation Trust, says: “On behalf of the Trust, I would like to thank Healthwatch Derby for carrying out such a thorough review of the services we provide in the city, and also thank everyone who took the time to give their feedback as part of the review.

“We firmly believe that ‘the patient experience is the patient experience’ and that every single piece of information we receive is an opportunity to listen and reflect on our services and how they are received and experienced. The Think Healthy review has allowed us to hold a mirror to the Trust and enable members of our community to have their voices heard. We fully accept all aspects of the report, and will now begin the hard work of changing and improving to better meet people’s needs.

'Just the start'

“For us, then, this is just the start of the process. We hope that some of the changes we are already making will address some of the report’s concerns – for example, we are currently rolling out phase two of an electronic patient record system across the Trust, which will significantly reduce the need for handwritten notes and allow for better information-sharing and cohesion within and across teams. We are also in the early stages of implementing a new neighbourhood-based approach to the delivery of many of our services, which will see teams working closer with each other and offering better continuity of care. However, we recognise there is more we can and must do.

“We have revised the terms of reference of our Patient Experience Committee so that the Trust can not only act on the recommendations in the Think Healthy review but also continue to listen more closely to those who use our services. In particular, we will listen more closely to those who have had an inpatient admission and find out more about their experience – something that Healthwatch Derby did so well through this review. We will also continue to make cultural adaptations to our services to ensure they meet the needs of our local community.

“We will regularly update Healthwatch Derby on our efforts, to make sure we are properly implementing what the Think Healthy review has told us.”

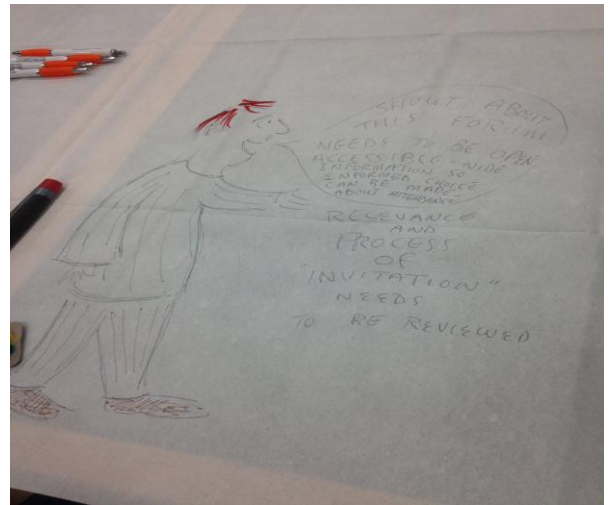
Full report

The full report, recommendations and appendices can be found on the [Healthwatch Derby blog](#) and the [Healthwatch Derby website](#).

You can also view our [press release](#) following the publication of the Think Healthy report.

Reflecting on our 4Es partnership - looking back and looking forward

Harinder Dhaliwal introduced the session and the opportunity to take stock of what we (4Es entity) are collectively doing in terms of our mission to make a difference and building on our partnership. It also provided the opportunity to review the 4Es meeting to see how we could broaden the model out so that it is accessible to all our stakeholders and refreshing the structure, frequency and location of meetings. Going forward we need to build on the work of 4Es and develop our engagement work more in line with the neighbourhoods, as this would support the concepts of social capital, building assets and strengths within the community, having local engagement and approaches to support clinical teams in each area.



We need to increase the engagement and build on our partnership. We are not reaching out enough and need to go beyond these meetings and encourage more accountability to make a difference to local communities. It's about lifting the worth of 4Es and replicating the model by branching out into the neighbourhoods so we can meet diverse needs.

Approaches that help communities to work as equal partners lead to more positive health outcomes. Improve wider aspects of people's lives, for example, by improving their sense of belonging to a community [social capital], empowering them or otherwise improving their sense of wellbeing.

We reminded ourselves of our collective 4Es mission and principles. Our collective mission is to work together for the common good.

- Where every person counts and has the opportunity to tap into their natural assets and are nurtured to achieve his/her fullest potential and take part in all aspects of life.
- We acknowledge that barriers and inequalities exist in our society; however we aim to place the individual and compassion at the centre of everything that we do, and over the next three years we will strive to advance equality, tackle stigma, discrimination, build recovery and wellbeing structures and social capital so that people hold the power to create opportunities for themselves and/or for others and better able to use services to live well.

Round table café discussion – Building on our partnership approach and connections.

Harinder asked colleagues to also consider the following prompts when considering the 3 questions:

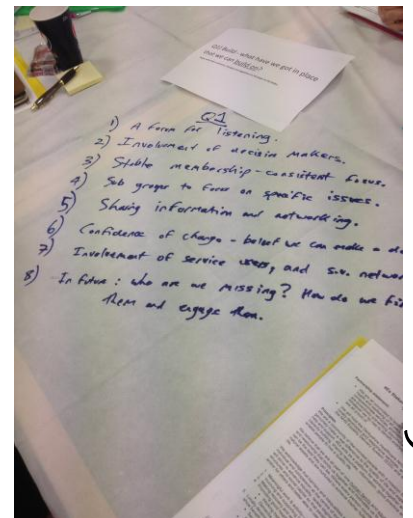
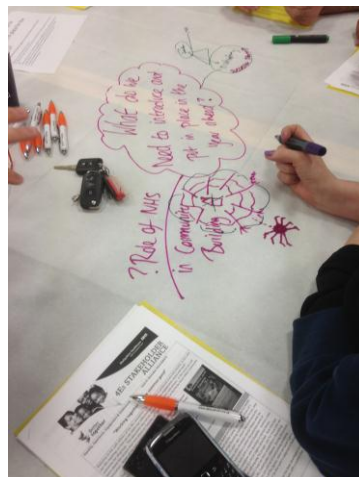
- Our relationships as 'assets'. Everyone in the community has something to offer. Everyone has a gift. There is no one we don't need.
- How do we align to Trust Transformation programme - local neighbourhoods, community building, assets, capacity and strengths within the community e.g.? Demographics, diverse needs (rural/urban, ethnicity and inequalities etc.) connections, skills, social relations, associations and networks.
- leveraging local engagement and supporting teams to engage and understand issues in each area.



Question 1: What have we got in place	What can we build on? <i>Learning and way forward consider</i>
A forum for listening	For what reason (i.e. to what end?) <i>Specific purpose</i>
Involvement of decision makers	Do what? What actions <i>Identify key decision makers to help them understand community needs. Holding leaders to account</i> <i>Specific action goals and actions.</i>
Stable membership – consistent focus.	Great if they do something – if not, set right people. <i>Invite the right people and encourage collective working</i> <i>E.g. Local Area co-ordination Teams.</i>
Sub groups to focus on specific issues.	Feedback to whom? <i>Agree on issues related to that specific neighbourhood area and hold officers to account.</i>
Sharing information and networking.	Action
Confidence of change – believe we can make a difference.	
Involvement of service users and networks.	- how many? <i>Inclusive forum open to all.</i>
In future: who are we missing? How do we find them and engage them? (i.e. Non-specific organisations and groups	<i>Identify who we need to invite.</i> <i>Neighbourhood teams are mapping community assets and groups in each area e.g. Erewash</i>

Question 2: Change – What have we got in place that gets in the way?

- Lack of political will – funding limits
- Is it possible to cater to all stakeholders equally without unintentionally upsetting people? (i.e. language, simplify to account for deaf people –

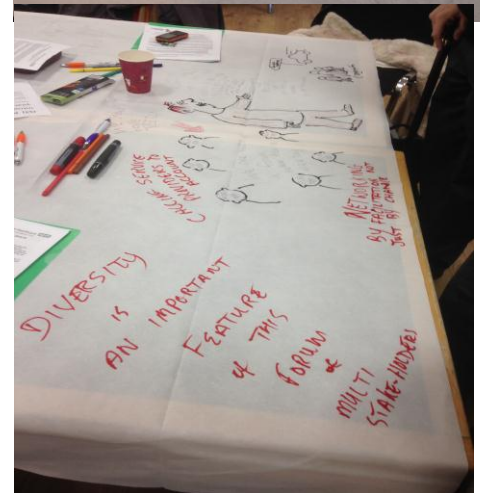
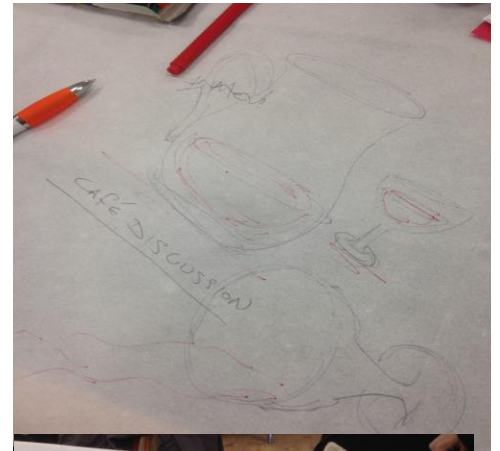


some may find patronising)

- Where's the co-production?
- Perception not going anywhere beyond meetings – where's evidence of accountability?
- "Trust issues" How well are we being listened to and communicating?
- Fear of getting into trouble for speaking your mind
- Preaching to the converted – limited representation
- Flag waving – not critical enough (where it needs to be)
- Medicalised terminology, need to simplify
- Inward focused, need branching out to wider communities and people.
- Need more voices
- Blinkered – too many own agendas
- Politics of group survival
- Assumptions that clinical solutions are always best.

Question 3: New: What do we need to introduce and put in place for the year ahead?

- Poverty of resources – We have many in some places – sharing social community assets
- Role of NHS in community building
- The little things like putting up shelves, baking cakes, build to bigger things.
- What is community solution? – People skills?
- How much does the NHS or all statutory services understand
- What are community needs?
- What is a clinical need?
- Nurturing – succession planning
- Connections most important
- Resilience
- Community capacity
- Diversity is an important feature of this forum e.g. multi-stakeholders
- How do we ensure that this is always happening?
- Relevance and process of "invitation" needs to be reviewed
- Shout about this forum, need to be open, accessible. Information so informed choice can be made about attendance.
- Specific goals and actions
- We are becoming a forum rather than a meeting
- Networking by facilitation not just by chance
- Calling service providers into account
- We should have teeth
- Championing the cause – have we got the right people?
- Identify the things we can do together, and the things we can't. We have the will and passion to do it. We are travelling in the right direction.
- Social capital



A commissioners observations of 4Es
Sohrab Panday, Commissioner, NHS Hardwick CCG

The 4Es is a model of a neighbourhood itself – building communities and looking at needs. It's premature to abandon the ship, but you can start to handover to the new teams when they are in place. It's great to see the Mental Health Health Trust leading the way... 'It's a caring and responsible way to build communities and look at the neighbourhoods. Use the 4Es model to actively engage with each of the neighbourhoods. Invite the Local Area Co-ordination Teams. The key principle is to encourage the new leaders to sign up to the mission and principles of 4Es and interconnectivity.

Closing remarks and observations by Steve Trenchard, Chief Executive & 4Es Chair

Sometimes it is really useful to take stock and thank you to Harinder for taking us out of our experiences and thinking more collectively.

One of the challenges for me and for the Trust is to take us out of the Board experience. Yes, we have to run safe services, but it has to be in the context of our communities and in the context of the system as a whole. It's about thinking collectively, for individuals to work collectively so there is consistent experience across health and social care and voluntary sector.

It's nice to see IMROC programme (Implementing Recovery Through Organisational Change) is catching up with our vision. So there is a very different focus for the system as a whole. You can't just look down into your own organisation; we don't want to work on our own. We have got to work in partnership with our communities. There is focus away from organisational change to recovery. Recovery is about communities, it's about citizenship and our role is to make that happen. There is a real shift in perspective across the system as a whole, so that people have better lives.

We need to not just have rolling agenda items but themed work and holding the neighbourhood teams to account. We can do a deep dive of what is happening in the neighbourhoods; understand the issues affecting that area. With specific goals and actions that drive forward social capital and able to meet the different needs of the communities.

Action Matrix

Ref	Action	Update and progress
1	Understanding Social Capital and roles Reflections of 4Es session (17/2/2015) and agreeing a way forward	Key Theme 21/4/2015 meeting. Sara Bains to invite Derbyshire County colleagues. *Erewash neighbourhood – proposal for next 4Es meeting (to be agreed)
2	Volunteering	Regular updates to be provided
3	Complaints analysis by REGARDS/equality groups	Full year 14/15 report to be shared at 16 th June 2015 by Anne Reilly, General Managers and Pete Henson. Anne Reilly has piloted in Q1 14/15 complaints. AR taking to complaints meeting. Report will focus on comparison of number of complaints by REGARDS compared to service user REGARDS demographic. The proportion of complaints made by REGARDS groups and issues.
4	Registering as a carer and Carers Champions up-to-date list in GP surgeries Clarify if GPs are still paid for registering Carers	Contradicting information. Harinder Dhaliwal has raised at CCGs Inclusion Steering Group – Clare Haynes, Engagement Manger understands that GP's are still paid. However, Wendy Slater has been informed that this is not the case! Wendy Slater has agreed to find out the definitive answer for next meeting.

5	Line of sight/feeding issues raised by stakeholders into the Board	Senior leaders to ensure 4Es issues and learning is actively fed back into Board
6	4Es meetings in the neighbourhoods 15/16 planner Eg Erewash neighbourhood – proposal for next 4Es meeting (date to be agreed)	All to agree at next meeting. Shirley Houston to share draft planner (4 meetings a year – all 8 neighbourhoods to be visited over 2 years) *Shirley Houston to work with Sara Bains and service lead to plan next neighbourhood meeting.

Attendance and Apologies

Attendance:

Steve Trenchard, Chief Executive & 4Es Chair
Harinder Dhaliwal, Assistant Director Engagement & Inclusion, 4Es Co-ordinator (DHCFT)
Marie Hickman, Library Manager(DHCFT)
Mark Todd, Chairman (DHCFT)
Sohrab Panday, Commissioner, NHS Hardwick CCG
Vivien Walters (Chair, DC SDMHCFC)
Sandra Austin, Committee, (DC SDMHCFC)
Joyce Johnson (Treasurer, DC SDMHCFC)
Jose Rodgers (North Derbyshire Mental Health Carers Forum)
Malcolm Greave (North Derbyshire Mental Health Carers Forum)
Phil Binding, Co-ordinator (Mental Health Action Group)
Samragi Madden, Compliance Officer, (Healthwatch Derby)
Jas Dosanjh, Engagement Officer (Healthwatch Derbyshire)
Sandra Dawkins, Engagement Officer, Healthwatch Derby)
Abdullah Shahjan, Chaplain (DHCFT)
Peter Dawson, Manager/Advocate (Peaks & Dales Advocacy)
Lew Hall, Trustee (Derbyshire Mind)
Alex Cope (Mental Health Action Group)
Allan Bannister (Derbyshire Voice)
Christine Williamson, Lead Membership Champion (DHCFT)
Honor Simpson, Manager, (Making Space)
Ellis Hayward, Treasurer (Grapevine)
Jo Downing, Volunteer Manager (DHCFT)
Sara Bains, Recovery & Wellbeing Lead(DHCFT)
Shirley Houston (Engagement Officer, DHCFT)

Apologies:

Jo Beck (Carer)
Gary Southall (DHCFT)
Angela Kerry (SDVMHF)
Anna Shaw (DHCFT)
Carolyn Gilby (DHCFT)
Kate Majid (DHCFT)
Elisabeth Woodhatch (Derbyshire Friend)
David Tucker (DHCFT)
Ravi Sharma (Action for Blind People)
Fadhil Hassoun (Action for Blind People)
Maura Teager (NED DHCFT)
Dawn Longden (Area Manager, Making Space)
Karen Billyeald (DHCFT)
Mr and Mrs Bhalla
Maurice Lawrence
Raj Bali
Richard Mullings (Public Health, Derby City Council)
Sajda Kausar (Public Health, Derby City Council)
Robin Ash (British Deaf Association)
Phillip Pickard (Derbyshire Voice)
Helen Hart (Healthwatch Derbyshire)
Kathryn Lane (General Manager, DHCFT)

Moira Kerr

Public Governor

The 4Es Stakeholder Alliance Newsletter is intended to give an update for stakeholder members about what was discussed at the previous meeting. The newsletter is created by Harinder Dhaliwal Assistant Director for Engagement & Inclusion of Derbyshire Healthcare NHS Foundation Trust.

If you would like to attend the 4Es Stakeholder Alliance meetings or would like to be added to the circulation list of this newsletter and regular email updates from the group, please contact Harinder Dhaliwal, Assistant Director for Engagement & Inclusion by emailing harinder.dhaliwal@derbyshcft.nhs.uk or call 07917461248.

If you would like to find out more about our team and read all about our Mission and Priorities Statement then please visit our Website: www.derbyshcft.nhs.uk/about-us/equality-diversity/



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