**ICS Strategy - Theming V2**

**What we already know and What we need to know**

We wish our strategy to be underpinned by a comprehensive programme of involvement activities, but first we wish to establish what we already know so that these activities can be used to fill in any gaps in our knowledge and reinforce what we already know.

This table of themes will shape and inform the strategy and influence on-going planning work within the system.

**Development of this document:**

* Version 1 = insight gathered from the insight hub/library
* Version 2 = Insight from Insight Hub/Library and insight feedback from the systems leads.

|  | Theme | Source of Existing Insight  |
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|  | **Prevention*** There are concerns over the commitment to prevention.
* Prevention considered fundamental but funding needs to follow.
 | STP Board Plan Refresh 2019 |
|  | **Education*** Education is seen as important in prevention - to support people to be healthier.
* Oral Health Promotion and Education
 | STP Board Plan Refresh 2019Community Dental Services CIC (local)  |
|  | **Wider determinants of Health*** People welcome the move to focusing on the wider determinants of health but feel that priorities still reflect improvements in services, rather than wealth, education, and prevention.
* VCSE Sector seen as key to addressing wider determinants of health.
* People- Discourse on people focused on the advantages of networks for healthcare access, but also the use of this for the exclusion of others in the community, by community members who may look down on those who are less privileged. Participants discussed the busy lifestyles of people in their community, which can be a barrier to staying fit and healthy. They also discussed there being a lack of support and outlets available especially for young people or those who may be carers.
* Place- Discourse on place was predominantly negative and focused on a lack of safe and green spaces in their communities, the wide availability of takeaway restaurants in Normanton, in addition to the location of sexual health services as a hinderance to service use.
* Deprivation- It was discussed throughout that long-term deprivation within Black, Asian and Minority Ethnic communities has a massive impact on health and underpins the ability to improve health or allow for social mobility. Poor housing and overcrowding have a large impact on people’s starts to life and can cause a number of health issues. Participants felt that this was particularly perpetuated in Normanton. There was a sense that this issue is an inevitable cycle

Food and Diet* Participants were concerned about the rising cost of food, particularly with fruit and vegetables being expensive compared to the cost of a takeaway increasing the challenge of eating healthily. Participants also discussed the poorer quality of food in more deprived areas and although cheap isn’t always better, many people do not have a choice.
 | STP Board Plan Refresh 2019Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local) |
|  | **Physical Activity** * Participants also discussed the fact that physical activity is not prioritised in many households,
* particularly when people have a busy lifestyle where people are balancing working long hours, looking after children, completing housework and fitting in prayer. Exercising outside of the home was considered to be embarrassing in the Pakistani community and shameful for women, which prevents them from partaking in such activities.
* Social Norms -Participants discussed how social norms interact with the health behaviours in their communities. They believe ill health and low life expectancy have become normalised, seen as reality, and therefore there is a lack of understanding of the possibility of changing this.
* Measures of physical activity behaviour - Active Population = 61.6% Inactive Population = 26.2%
* Physical inactivity, like many other social issues, is complex and impacted on by many different factors.
* Inequalities occur in society, neighbourhoods and physical activity. We know that some people are less active than others and there is a significant inequality in the levels in which people move. For example, ethnically diverse communities, people living with a disability and people from more deprived areas of Derbyshire are more likely to be inactive. This correlates with other inequalities, the wider determinants of health and indeed health and social care outcomes.
* We know that there are a range of different factors that impact on whether a person is inactive. From our experience of working with communities that are less active (and other health inequalities exist), other things that we heard impact (health & social) outcomes: poor neighbourhood environments, feeling unsafe in their neighbourhood, managing complex lives, limited infrastructure directly in neighbourhoods, lack of locally accessible opportunities, social connections, social norms, multiple interconnected impacts, caring responsibilities and lack of connections.
* The pandemic appears to have impacted all demographic groups fairly evenly (based on age, gender and NS SeC)
* People with a limiting illness or disability now experience higher levels of inactivity than in 2015/16
* People from Black and South Asian communities are still more likely to experience inactivity than other ethnic groups
* Inactivity has increased in older adults (60-80 years) although inactivity for this group reduces when you take gardening into consideration. Adults aged 30-40 have also found it harder to be active
 | Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)Making our Move Strategy Development – Active Derbyshire (local) Trying to change behaviour through working with less active communitiesInsight – Active Derbyshire (local) Physical behaviour insight pack – Active lives – November 2020-2021 - Active Derbyshire (local)  |
|  | **Access to information** * Participants felt concerned about their access to information on living a healthy lifestyle and services available, including mental health support. Many of the participants voiced that they felt unsure of where and how they could access help because of this Information is not available in suitable locations – for example, it is currently not helpful for information to be located in GP surgeries, as patients are often not attending appointments in person. Information is also not reaching younger people in the right spaces, leading to a disconnect between them and services available.
* Health Literacy -Concern was also expressed regarding health literacy, influenced by a lack of access to information to make informed decisions about their health. People reported a lack of understanding of the need for services such as screening, widening health inequalities. Additionally, there are difficulties understanding doctors’ explanations due to the terminology used, further impeding the ability to make informed decisions about their health. Resources are also not readily provided in alternative languages, despite the diversity of these communities. This has further caused a lack in trust as patients have signed medical paperwork when they do not understand what they are signing for treatments

Your Care, Your Way – Accessible Information Standard* NHS England and the 42 new Integrated Care Systems need to ensure all parts of the health and system abide by the Accessible Information Standard
* Health and care services to be made accountable for fully delivering the standard
* Every health and care service to have an accessibility champion
* Better IT systems so that patients can update services with their communication needs
* Involving people with communication needs in designing better services
* Mandatory training on accessible information for all health and care staff

**Autism** * Experts by Experience find accessing information on support confusing and support the development of a single point of access for signposting information
 | Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local) Your Care, Your Way – Healthwatch England national campaign supported locally by Healthwatch DerbyshireInsight from the Autism Strategy, the Autism Partnership Board and the Experts by Experience meetings – Derbyshire County Council 2022 – (Local) |
|  | **Access** * It's important to be able to access timely help and treatment when needed, e.g., access to a GP, or support groups.
* It's important to be able to access support following a diagnosis, e.g., specialist nurses and support groups
* Reasonable adjustments are needed for people with LD to support access.
* There is a need for better access to mental health services and more support.
* Accessing regular care for long-term conditions has been a difficulty for many in the last few years.
* Peoples preferred access routes for GP, hospital, community and other app was mainly face to face and phone access. Then followed by video calls, texts and email.
* People had access to arrange of technology's but around only half would be happy to use these to access health and social care services.
* Access: GP : Still the most common negative sentiment in Primary Care sector reports. This was around time taken to get through to the GP by telephone, lack of available appointments when a patient does get through, or how long the time is between securing an appointment and the actual day of that appointment. The positive sentiments around GP access were the ease of booking online/phone – the level of access and service received varied greatly from one surgery to another.
* Phone calls which can also be unaffordable and will inevitably have a negative effect on their health.

Dental Care Access* NHS Dental care is not available to many, there is a need for more provision. Limited capacity in Derbyshire for new NHS patients. There are areas without any provision for new adult NHS patients.
* Some practices listed as accepting new NHS patients but are only able to offer new patients an appointment in over a year’s time.
* Sixty percent of practices have no information on their profile about accepting new patients.
* NHS dental provision in Derby City is falling behind the position it was in at the end of 2018 and most of practices offering private option instead.
 | STP Board Plan Refresh 2019Healthwatch Tameside Coronavirus (COVID-19) Report. Survey data from May 2020 to April 2021 Healthwatch Tameside (Local)Healthwatch Derbyshire Annual Report 2021/2022 (Local)Healthwatch Derby Annual Report 2021/2022 (Local)Changes to the way people access health and care services- Healthwatch Tameside – June 2022 (local)Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)Healthwatch Derby Primary Care sector report July-September 2022.Healthwatch Derby GP Services social media campaign Feb 2022 |
|  | **Carers*** Want to feel listened to, and included in early conversations (where appropriate), about their loved one's health.
* Carers need their own health and wellbeing needs supported.
* Carers need to not have to repeat the same information over and over
* Carers report the top five effects of caring are tiredness, stress, depression, disturbed sleep and irritation
* The Covid-19 pandemic affected carer’s wellbeing, health and relationships most.
* Caring responsibilities impact the ability to work, with associated impacts on household finances and carer wellbeing.
* Derbyshire residents are caring for more people with dementia and carers themselves suffer more mental illness than in comparator areas. Further ways to support those with these conditions should be explored.
* Like comparator areas Derbyshire’s quality of life score has declined, however Derbyshire has declined significantly more, the reasons behind this decline need to be understood**.**
* 71 % of carers care more than 35 hours a week,31% are not working and 75% of carers are of working age
* The demographic of the carers has changed, with the majority now in the working age category.
* Digital access - 71 % of interactions were from mobile phones, 19 % from Computers and 10 % from tablets
* The current provision was not meeting needs
* Issues were the same for carers across the whole of the East Midlands
* Carers are "tired" and "stressed"
* Carers need flexibility over the coming months
* Small changes can have big impacts
* They made recommendation and improvement suggestions around: Assessments, communication, flexibility, identifying carers, language, Menu of services, named workers, support networks, think family and universal services.
 | STP Board Plan Refresh 2019Digital Carers Insights report – Mobilise - September 2022 (local) Survey of Adult Carers 2021/22Main Findings- Derbyshire county council 2022 (locally)East Midlands Unpaid Key workers: Supporting Unpaid carers by adapting services and responding to the need during Covid 19 crisis - East Midlands Association of Directors of Adult Social Services (EM ADASS) – Sortified (regional) |
|  | **Children and Young People (CAYP)** Mental Health * We need to listen and learn from what children and young people tell us has supported their mental health.
* There is a need to support children and young people with their mental health and wellbeing at the earliest possible stage, before their needs escalate.

Children & Young People – Physical and Mental Wellbeing* The views of young people and what they consider important to staying well will have a big impact on the provision and use of health and care services in generations to come
* Desire for information about help and support to stay well. There is a lack of knowledge that the health and care system can provide using trusted sources for young people to easily access and understand
* The need for greater availability and access to exercise opportunities
* Cost of accessing activities and gyms
 | Mental Health and Covid-19: In Our Own Words Barnardo's (National)Keeping well. A snapshot of young people's physical & emotional wellbeing – Healthwatch Derbyshire September 2022 (local) |
|  | **Mental Health** Men * Men wanted the following from mental health services in terms of early intervention:
	+ Use activities to facilitate conversation
	+ Be welcoming and accessible
	+ Communicate clearly
	+ Foster meaningful relationships over time
	+ Foster a sense of achievement.

Deaf community * Lack of GP/Professionals awareness of MH services available for deaf people.
 | Engaging men earlier: a guide to service design- Samaritans (National) Deaf Mental Health Day -2022 – Derbyshire mental health forum, Erewash voluntary action and Communication unlimited (local) |
|  | **Inpatients*** People who have an emergency admission report more negative experiences, compared with patients who have a planned admission.
 | Inpatient experience during the coronavirus (COVID-19) pandemic report- CQC (national) |
|  | **Maternal Mental Health Campaign*** Improve mental health support in maternity care and ensure birthing parents are supported before, during and after birth
* Gathering feedback about people’s experience of maternal mental health support
 | Maternal Mental Health Campaign – Healthwatch England nationally and Healthwatch Derbyshire locally |
|  | **Autism*** A focus on looking a preventative measure for Autistic people to avoid the need for acute care and autistic people reaching crisis.
* To improve the wait times and also make sure we are reaching people much earlier.
 | Insight from the Autism Strategy, the Autism Partnership Board and the Experts by Experience meetings – Derbyshire County Council 2022 – (Local) |
|  | **Health Inequalities** |  |
|  | **Mental health and wellbeing inequalities** * We need to recognise the disproportionate impact the pandemic and lockdown has had on children and young people’s mental health and wellbeing, especially the most vulnerable and marginalised in society.
* Calls for a systematic change to the way mental health research is planned, funding and delivered in the wake of the covid-19 pandemic to address mental health inequalities and to challenge inequities of power and influence.
* Mental Health needs to be seen as a priority, it's currently the poor relation to physical health.
* It's been highlighted that people rarely know where to go for help and support as they are not aware of what is available.
* During the pandemic those with mental health diagnosis, reported that their mental health support had stopped or been changed. For those who received alternative communication solutions, their feedback was mixed.
* The pandemic has negatively impacted many people’s mental health. But some people have found that lockdown was beneficial in that they had a quiet atmosphere working from home, they enjoyed a slower pace of life, and removed the pressure to go out and socialise.
 | Mental Health and Covid-19: In Our Own Words Barnardo's (national)Addressing inequities in mental health research exacerbated by Covid-19- Centre for Mental health (Mental Health Research Group) (national)STP Board Plan Refresh 2019Mental Health and Wellbeing Covid-19 Survey Findings - Healthwatch Tameside(local) |
|  | **Substance misuse services** * Drug and alcohol provision in the city for Black, Asian and Minority Ethnic communities. It was raised that the Christian 12-step program is not appropriate for a large proportion of Black, Asian and Minority Ethnic service users. They also felt that alcoholism and addiction is not something that is addressed or recognised as it is taboo within their communities and services could be doing more to support this.
 | Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)  |
|  | **Sight / visual impairments** * People with sight impairments worry about the lack of accessible information and rely on people to help them, which wasn't available during the pandemic.

Information and Advice* 88% of the survey respondents found the information was in an accessible format or useful, with 12% not finding information accessible or useful.

Support or equipment* Specialised equipment such as kitchen aids or magnifiers had enabled the respondent to maintain independence, and that links to groups or activities had enabled the respondent to meet other people and benefit from emotional or psychological support. Most popular response was magnifiers at 28%, followed by 10% of respondents citing bump-ons or screen readers / talking books as very useful equipment. 73% of respondents stated that they had purchased additional equipment themselves.
 | Mental Health and Wellbeing Covid-19 Survey Findings - Healthwatch Tameside(local)Visual Impairment Support Survey Report 2021 - Derbyshire County Council (local)  |
|  | **Hearing Impairments / Deaf community** * The respondents of this project were generally happy with their care but would have liked better communication and information around their care and transition of care from hospital to the community, access and support with using and maintaining their hearing aids.
* The majority of people stated that their communication support needs were British Sign Language (BSL), followed by Note Taker. Communication support preferences was using online video calls with an interpreter followed by face-to-face appointment with an interpreter.
* 67% of people had had an appointment with an interpreter. The results show that 92% of people did not find it difficult to get an appointment. 75% of people were able to get an appointment within a week.
* 56% of people said that covid had made it harder to get information/advice about deaf communication support in Derbyshire.

mental health services for deaf people Communication and information: * Lack of information leading to a potentially dangerous misunderstanding of symptoms. Over reliance on family members is problematic. less confidential
* Accessible information, deaf friendly signposting to information, sharing/distribution of information to deaf community from hearing community
* Information not in the right format, written info / English is not accessible – “Everything in English”
* Lack of communication on neurodiversity, dementia and delirium for deaf community
* Varying levels of information depending on whether you’re in Derby City or Derbyshire. In some areas there are direct payments available to cover things such as video relay, in other areas there aren’t. Interpreter services not funded via personal budgets because they are too expensive.
* Text services not enough. Much harder to have a personal, emotive, and empathic conversation via text.
* Consent forms need to be in BSL as English not the first language. Consent to treatment is a safeguarding issue
* Letters usually follow consultations which a deaf person may not be able to read
* Need to be able to communicate at Safe Haven’s / Crisis Cafes
* Across the NHS there is a big over dependence on the telephone – this causes issues for both deaf patients and deaf family and carers of patients.
* NHS often relays on telephone to book or change appointments. Leave voicemails and sometimes no caller ID. Can’t access voicemails and no way of knowing who’s called
* Young People- Limited information available, going to mainstream schools where they get left behind and isolated leading to a higher chance of MH problems later in life, gap in social support for young people when they leave school
* Lack of interpreters
* Local agency had funding cut so PAs having to use other funds to enable calls.
* Need for an interpreter leads to delays as requires booking – not something there is time for during crisis / urgent needs. Often 2-4 weeks. Makes appointments difficult to book in general. Some signing services do not do medical appointments.
* Not often clear who is responsible for booking an interpreter. The third party responsible for booking an interpreter offers a terrible service and it is far easier to go direct to other companies however that isn’t the process.

Provision of Mental Health Care Services* Not enough BSL counselling. Predominately hearing staff via interpreters.
* “Get passed from pillar to post” around health service to find the right service and care.
* Lack of choice in professionals / counsellors / clinicians. Lack of flexibility.
* Specialist Deaf health services are not local (e.g., Birmingham) Large and strong Deaf community in Derby but facilities don’t reflect this –deaf consultant psychiatrist comes from Birmingham.
* Long waiting list at ‘Sign Health’.
* Cost of providing these services. Cost is always given as the reason why improved services can’t be provided without ever then discussing how we overcome the cost challenges.
* Derby hospital has ‘Sign Live’ but staff often don’t know how to use it, iPad isn’t charged or there are Wi-Fi issues.
* Wards are not typically deaf friendly – can’t communicate with anyone, little to do, TV’s have no subtitles for example. Poor Wi-Fi in hospitals makes technology difficult to use. Deaf support and awareness in hospitals is limited. Often few trained staff and depends on if they’re working.
* Lack of awareness of deaf people culture and lifestyle amongst service providers and CPNs.
* Often forgotten that a deaf person is not just defined by being deaf – they may have additional needs that may not be considered.
* Deaf people come from different cultures, races, genders, sexualities and backgrounds, disabilities – meaning what is right for one deaf person may not be right for another, meaning options and flexibility is important.
 | Experience of Hearing Aid services 2020-2022 – Healthwatch Derby(local) Deaf Communication Support in Derbyshire – Engagement Report – Derbyshire County Councils - March 2021 (local)Deaf Mental Health Day -2022 – Derbyshire mental health forum, Erewash voluntary action and Communication unlimited (local) |
|  | **Remote and virtual appointments – digital exclusion** * Virtual appointments do not work for all for a variety of reasons. This has led to digitally excluded groups.
* Careful consideration is needed to ensure that these groups have access to services and are not disadvantaged by a digital first approach.
* Telephone triage systems present issues for many key groups, e.g., the deaf community, people for whom English is their 2nd language, and people with learning disabilities, due to language barriers and access issues.
* For most older people, the best approach to gaining digital skills is through ongoing support, tailored to their needs and preferences, and delivered on a one-to-one basis.
* Remote consultations and the use of technology offer some great opportunities to make significant improvements to general practice, hospital outpatient and mental health appointments.
* There is no one size fits all solution, and the approach taken needs to fit with individual need and circumstance.
* It’s likely that a blended offer, including text, phone, video, email and in-person is likely to provide the best solution. By focusing on the needs of people receiving care and using a combination of communication tools we can create a more equal space for health care providers and patients to interact.
* Providers should provide a clear explanation of their appointment process via their website, reception teams, and written communications.

Carers* Access and ability to navigate the internet and given the crucial part the internet plays in everyday life, it is important that those carers who struggle in this respect are not disadvantaged through digital exclusion.
 | Experiences of Virtual Appointments during Covid-19 - Healthwatch Derbyshire (local)Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)Restoration and recovery public engagement- Joined Up Care Derbyshire (local)Digital inclusion and older people – how have things changed in a Covid-19 world? AgeUK (national)Healthwatch Tameside Coronavirus (COVID-19) report. Survey data from May 2020 to April 2021 -Healthwatch Tameside (local)Virtual appointments and Consultations April - July 2020Healthwatch Derby (local) Remote Access to Health and Care Services - System Insight-Joined Up Care Derbyshire (local) Experiences of diagnosis and/or treatment during the COVID-19 pandemic-Healthwatch Derbyshire (local) Survey of Adult Carers 2021/22Main Findings- Derbyshire county council 2022 (locally) |
|  | **Prejudice and discrimination*** Participants reported numerous experiences of prejudice and discrimination in relation to their access to health services. Racial stereotypes and further prejudices have been reported, including negative assumptions about individuals’ financial situations when using a service. Participants were concerned that members of their community are being treated differently when using a service due to their accent or their appearance and have been mistreated because of this. The lack of competency with phlebotomy of Black, Asian and Minority Ethnic patients was also raised multiple times.
 | Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local) |
|  | **Religious and cultural considerations** * Religious and cultural considerations were commonly featured. Participants felt that Doctors and nurses lack an understanding of cultural issues, common health problems and family dynamics among Black, Asian and Minority Ethnic communities. Poor interpretation services also impact the ability of patients to convey their thoughts and feelings and overall, this hinders the quality of conversations with healthcare professionals and affects their health outcomes. There are also concerns that doctors push services which are not culturally appropriate and there is a lack of culturally specific services, particularly for food/diet plans for diseases such as diabetes which is focussed around a western diet and therefore not applicable or helpful in treatment. Participants feel that there is a lack of consideration for religion or culture in health services and patients have been prescribed medicine or been given food containing ingredients which are not appropriate for consumption. Additionally, participants felt that they could not trust their GP or the NHS. The long-term impact of colonialism has affected the way communities feel about and engage with authority. Young people are more likely to consult the internet for health information because of this, others feel the need to take an advocate to their appointments to ensure the GP understands their health concerns
 | Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)  |
|  | **Older people*** Older people found day to day life very hard during the pandemic, and they need support during the winter.
* Those who are not well, and/or have Long Term Conditions were particularly likely to report that this is an extremely challenging time for them.
 | The impact of COVID-19 to date on older people’s mental and physical health - Age UK (national) |
|  | **Refugees and people seeking asylum** * Communication can be a huge barrier.
* There is a lack of understanding around cultural needs.
 | Workshop at Derby Refugee Advice Centre – GP services in Derby City-Healthwatch Derby (local) |
|  | **Gypsy, Roma and Traveller communities*** Gypsy, Roma and Traveller communities face some of the most severe health inequalities and poor life outcomes amongst the United Kingdom population, even when compared with other groups experiencing exclusion, and with other ethnic minorities.
* Chronic exclusion across the wider social determinants of health, places Gypsy, Roma and Traveller communities at high risk of poor health.
 | How to tackle health inequalities in Gypsy, Roma and Traveller communities- Friends Families and Travellers (national)  |
|  | **Deprivation** * The most deprived neighbourhoods in England have a COVID-19 mortality rate more than twice that of the most affluent.
* People in the lowest paid occupations are twice as likely as those in higher occupational groups (such as professionals and business leaders) to die from COVID-19.
* Overall, participants felt that systematic change from the top is required to address deprivation, but also top-down initiatives were common, and communities need to be more involved for these to ensure they are successful and accessible.
 | The Independent SAGE Report 21 – SAGE (national) Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)  |
|  | **Inpatient care / secondary care** * Certain groups of patients consistently report poorer experiences of inpatient care, these are people with dementia or Alzheimer’s, people with a mental health condition, and people with a neurological condition.
* Younger people (aged below 55) report a more negative experience.
* Older patients (aged 75+) are more positive, except in relation to receiving information about their care and treatment in A&E or in terms of their involvement in decisions about their care on leaving hospital.
* People who are receiving secondary care for diagnosed conditions expressed a lot of concern. It was highlighted that people were being pushed to go private in order to receive secondary care which is not accessible or affordable for a lot of Black, Asian and Minority Ethnic families. Participants also raised several concerns about social prescribing, A&E treatment of Black, Asian and Minority Ethnic patients along with maternal care, focusing on the black community.
 | Inpatient experience during the coronavirus (COVID-19) pandemic report- CQC (national) Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)  |
|  | **Social care barriers*** Numerous barriers impact the Black Caribbean community around mainstream social services. The most common and problematic is a lack of knowledge on social care provisions and opportunities available to them.
* Social care assessments were highlighted as being insensitive to the increased cultural hospitality of Black, Asian and Minority Ethnic families and therefore not accurately assessing the need of individuals meaning they are missing out on vital support.
 | The Black Caribbean Community’s Relationship with Social Care in Derby -Derby West Indian Community Association (DWICA) (local)Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)  |
|  | **Homelessness*** GP: half respondents were registered with a GP and the service varied between individual GP practices. Service good but difficulties around access and waiting times.
* Dental: there was obvious confusion and miscommunication about available dental services. Service good but improvements could be made around appointment and waiting times.
* Drug and Alcohol services: the sentiment was split about these services meeting the needs of the respondents however individual comments around access to face to face appointments. (This survey was conducted through Covid).
* Mental health: most respondents didn’t feel this service met their needs, and the most prevalent reasons were the lack of appointments (amount of sessions allowed per person), and availability of appointments and waiting times.
* Hospital discharge: respondents felt ready to be discharged and the discharge had been well communicated to them however most did not feel they had suitable support in place for after they had left. Overall service good.
 | Homelessness Health and Social Care experiences 2021 – Healthwatch Derby (local)  |
|  | **Vaccination uptake*** To address vaccination uptake in Black communities in Derby participants recommendations were focused on the themes of addressing structural inequalities and racism, non-stigmatisation, effective communication, information and education, improving access, and improving healthcare services to facilitate culturally sensitive and responsive care.

Measures to support vaccination uptake should focus on:* Building trust
* Preventing stigmatisation
* Service development and workforce training
* Partnership work and collaboration
* Strengthening community engagement and programme delivery
* Effective information and communication.
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local)  |
|  | **Black, Asian, Minority Ethnic and Refugee communities*** Physical health -Participants shared many concerns surrounding the general poor physical health in Black, Asian and Minority Ethnic communities and the normalisation of some diseases along with concern of the taboos related with sexual health.
* Mental Health-The difficulties surrounding the taboo subject of mental health was also discussed. This has been impacting the support they are receiving, including from their own communities as they do not feel able to discuss it within their own families. They also conveyed that because of this, it was exceptionally difficult to discuss with professionals, especially in such short appointments.
* Generational Health - Participants felt that a cycle of ill health was being perpetuated inter-generationally, however, they believe that some members of the younger generation feel willing to change this if given support.
* Commissioned Health Services- Participants discussed negative experiences with health services that are commissioned by local government and the NHS. It was raised that these are not culturally appropriate or accessible for Black, Asian and Minority Ethnic communities and therefore do not support their needs.
 | Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. - (local) |
|  | **Strengths Based/Personalised Care** |  |
|  | **Choice*** People felt that throughout transformation maintaining choice is important.
 | STP Board Plan Refresh 2019 |
|  | **Shared Decision Making*** It was felt that patients and professionals should make joint decisions on any health or care treatment.
 | STP Board Plan Refresh 2019 |
|  | **Patients at the centre of decision making*** Patients wanted to feel that they were at the centre of all decisions being made by JUCD.
 | STP Board Plan Refresh 2019 |
|  | **Patient seen as the expert in their own condition*** It should be acknowledged that the patient is often the expert in their own condition. Important for people to be empowered to take control of their condition.
 | STP Board Plan Refresh 2019 |
|  | **Co-production** Autism * A focus needed on using our Autistic community to help improve services, including Autistic people developing and delivering appropriate training.

Co-production / Deaf Community Input* Deaf people not involved in the production of services and care.
* Not asking deaf people what they want and need.
* There is a need for advocacy.
 | Insight from the Autism Strategy, the Autism Partnership Board and the Experts by Experience meetings – Derbyshire County Council 2022 – (Local)Deaf Mental Health Day -2022 – Derbyshire mental health forum, Erewash voluntary action and Communication unlimited (local) |
|  | **Importance of good information*** It was highlighted how important it is for people to receive sufficient information to be able to make choices about their health and care treatment. Information should be forthcoming and in a way that patients and carers can understand. People preferred this information to come from their GP. Good information makes people feel more confident.
* Health information needs to be shared widely in as many settings and via as many mediums as possible in order for these plans to work
 | STP Board Plan Refresh 2019 |
|  | **End of Life*** People want to feel well supported at the end of life
* There are variations and inconsistencies in patient experience of end-of-life care.
* Good communication across the system leads to effective joined up care planning and holistic support for patients and their families and carers, whilst shortages of medications and syringe drivers, stretched services and difficulties for patients accessing timely and appropriate services and information are common barriers to receiving good care.
* Patients and health care professionals recognise the benefits of an individual care package that is holistic and accessible but there are several barriers and challenges that need to be addressed to ensure seamless and joined up care. Some of these are directly related to Covid restrictions, but others are general failings and weaknesses within the system.
* Unplanned hospital admissions can often arise from emergencies and crises in the home. Patients, families, and carers indicate that care networks can break down when they do not receive or know how to access support and information in a crisis.
* Patients and their carers and families speak very positively about the care and support given by hospice services.
* Many more people died this last few years than usual, with many experiencing tremendous hardships at the end of life. The place where people died changed, with many more dying at home. Palliative and end of life care services have been a vital part of the pandemic emergency response, switching their services into delivery in community settings.
* Everyone should get the chance to choose where to spend the end of their life, but this depends on the right support and care being available in the community.
* Emerging themes from the key findings would indicate an improvement in documenting evidence around involving patients and those important to them in clinical decisions, advance care planning and preferred place of care and death.
* Good communication skills are fundamental in all aspects of healthcare. Having timely, tender conversations is crucial to elicit what matters most to patients and those important to them and how we manage expectations. Supporting the workforce with confidence in initiating conversations and developing personalised support and care planning, enhancing shared decision making and enabling choice.
 | STP Board Plan Refresh 2019End of Life Care – Patient Experience. -DDCCG -(Local) Better End of Life 2021: Dying, death and bereavement during Covid-19 Research Report Marie Curie (national)EOLC – UHDB Quality Improvement 2022 (local)  |
|  | **Holistic personalised involvement and care** * That people are listened too and what they say is acted on.
* That people's decisions are respected and protected.
* Information given is relevant and in a way they understand.
* People are supported to understand risks and uncertainties.
* People know how to contact and who is in charge of their care.
* People know what to expect and are safe when receiving treatment and care.
* People are supported and kept informed while waiting for treatment and do not feel forgotten.

**Holistic personalised involvement and care*** People wanting to be treated as a whole person, wanting to be heard and understood and to know what options are available to them to help them to live well – or better – with their Chronic Pain condition.
 | What We Need Now. What has to happen now – National Voices’ National Voices (national)Chronic Pain experiences 2022 – Healthwatch DerbyLet’s Live Well with Pain Programme – Project Report – Lister House Health and Wellbeing Coaches |
|  | **Dementia care – multi-agency and holistic** * Pre and Post Diagnosis Support: The need for increased support before and directly after a dementia diagnosis.
* Dementia Pathway: The desire for a single person or point of contact to coordinate care and support, including end of life.
* Support for Carers: The need for a greater range of, and access to, respite care opportunities to support family carers.
* Improved awareness: Greater openness and awareness of dementia to encourage people to seek earlier support.
* It is recommended that these areas form the basis of long-term, multi-agency dementia pathway discussions to ensure the concerns raised through this engagement work are fully explored and any relevant action taken.
 | Engagement project: Understanding the needs of people affected by dementia in Derbyshire - Alzheimer’s Society’s – May 2021 (local) |
|  | **Mental Health – personalised, integrated and community led*** There is a clear need for out of hours, inclusive, accessible, community led mental health crisis support service with access to clinical support as well peer support**.**
* This service needs to be an integrated, accessibility with clear communications and robust pathways and processes for working together.
 | Mental health crisis café: Theming report- Joined Up Care Derbyshire (local) Mental health crisis alternative crisis cafes: summary of learning June 2022 (local) |
|  | **Inpatients*** People who have an emergency admission report more negative experiences, compared with patients who have a planned admission.

**Children's and Young Peoples experience of inpatient care*** Feedback was generally positive:
* 93% of respondents had been looked after ‘very well’ or ‘quite well’, and 89% said that staff looking after them were ‘always’ friendly.
* Communication was good: most children 95% were able to ask staff questions and get answers (93%) and felt that staff ‘always’ listened (85%). However, 29% said they only ‘sometimes’ understood what staff said when they spoke to them.
* Hospital discharge also showed room for improvement: just under one in six (15%) were not told who to speak to if they were worried about anything when they got home. One in 10 said when they left hospital, they did not know what would happen next with their care. Fewer than eight in 10 parents (79%) ‘definitely’ knew who to talk to if they were worried about their child when they got home**.**
 | Inpatient experience during the coronavirus (COVID-19) pandemic report- CQC (national)Children's and Young Peoples National Survey (national)  |
|  | **Vaccination choice*** Participants described that vaccination decisions should be personal choice.
* Participants outlined the need for vaccination delivery at culturally appropriate community venues.
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | Integration |  |
|  | **Don't be NHS focused*** Integration isn't just about the NHS, plans need to acknowledge the importance of the local authority, and the different layers of the LA, e.g., district councils.
 | STP Board Plan Refresh 2019 |
|  | **Communication between different organisations and the public*** The importance of ensuring different services communicate with one another and avoid repeated conversations.
* The majority of people said that NHS organisations should have access to their health records and 2/3 of peoples said that non-NHS organisations should be able to see limited specific information from NHS record if they are involved in their care.

Carers* Difficulties carers had in obtaining a response from the health and care system which included phone messages not being returned and the unavailability of social workers, GPs and medical services.
 | STP Board Plan Refresh 2019Changes to the way people access health and care services- Healthwatch Tameside – June 2022 (local) Survey of Adult Carers 2021/22Main Findings- Derbyshire county council 2022 (locally) |
|  | **Joining up across borders*** People wanted assurances that JUCD works with other's to join up pathways across borders.
 | STP Board Plan Refresh 2019 |
|  | **Cultural Change*** People feel there needs to be more emphasis on the cultural change need to ensure joined up working and an acknowledgement of the enormity of this task.
 | STP Board Plan Refresh 2019 |
|  | **VCSE*** There is a need to see the VCS as partners and engage with them as a provider of services.
* Voluntary organisations are resilient, responsive, have ability to make swift changes, reach the most vulnerable in society and have good knowledge and understanding over community and services user's needs. This was demonstrated during the pandemic.
* Respondents would like access to support groups and charities that can help them with their pain management, and be offered this as an alternative to medication
 | STP Board Plan Refresh 2019Survey of voluntary organisations, community groups and social enterprises in Derby and Derbyshire – 3D (local) Chronic Pain experiences 2022 – Healthwatch Derby |
|  | **Mental Health*** There is a need to join up mental and physical health.
* There is a need for better urgent and emergency provision for mental health
* An area that has seen resistance to improvement is mental health services. The Community Mental Health Survey states that “Positive results, where the majority of people reported good experiences of care, are few”. It also shows that changes due to the pandemic “have negatively impacted the mental health of many service users, with 48% reporting that their mental health ‘got worse’”.
* In particular more people said they needed help from crisis care services as a direct result of the pandemic, but 26% would not know who to contact out of office hours. Of those who did try to contact a crisis team, 20% did not get the help they needed
* There were some positive improvements in the area of ‘organising care’, where 96% of those who had been told who is in charge of organising their care, knew how to contact this person or team. Similarly, 90% of people felt the person who organised their care did so ‘very well’ or ‘quite well’.
 | STP Board Plan Refresh 2019Community Mental Health Survey (national) |
|  | **Carers** * Carers cite the importance of being able to access the ‘right support’, feeling someone cares,

understanding how to understand and navigate the health and social care system as factors which would improve their daily lives. | Survey of Adult Carers 2021/22Main Findings- Derbyshire county council 2022 (locally)  |
|  | **PLACE based working*** The term Place was not felt to be widely understood, would people identify with Place?
* There was concern over the tension/confusion between Primary Care Networks and Place.
* Links to other Governance structures should as Health and Wellbeing Boards wasn’t clear.
 | STP Board Plan Refresh 2019 |
|  | **People with multiple Long-Term Conditions*** People felt seeking help for more than one condition was much harder.

**Chronic pain** * Access to diagnosis - 54% of patients received a diagnosis within 0-2 years of first seeking support with their chronic pain symptoms, however 32% received a diagnosis between 2-10+ years and 14% at the time of the survey did not have a diagnosis. Respondents felt that this was due to not being listened to when presenting with symptoms and that better knowledge and understanding of health professionals of chronic pain conditions could improve diagnosis times.
* Access to information - Patients felt that they would like more access to information about their condition to be made available to them at the point of diagnosis. They would also like to be informed about other pain management options and local support groups available to them aside from medication.
* Access to Mental Health support - Over 79% of respondents stated that to some extent they struggled with maintaining their mental and physical health and wellbeing, but at the point of diagnosis only 5% of all respondents were offered mental health support. There were many comments made that suggested mental health was a contributing or subsequent factor of their chronic pain condition, and mental health support/referral/check in was the 7th highest listed response when respondents were asked what support they wished was available to them.
* Support group based around non-medical pain management, peer support, and lifestyle changes that could enable people to live well and more independently. Patients feel understood, heard and access improved within the community non-clinical environment.
 | STP Board Plan Refresh 2019 Chronic Pain experiences 2022 – Healthwatch Derby (local)Let’s Live Well with Pain Programme – Project Report – Lister House Health and Wellbeing Coaches (local) |
|  | **Workforce*** Workforce is seen as a huge challenge, but also a big opportunity to join up, if we stop working in silos**.**
 | STP Board Plan Refresh 2019 |
|  | **Urgent Care*** People were concerned over capacity of 111 to be the single point of action for all urgent care.
* One size fits all approach doesn’t take into account needs of rural areas.
* People felt there needed to be more information about where to go if they get ill or injured.
* Quick and easy access to the relevant help and treatment was seen to be vital.
* Surprisingly good news comes from urgent and emergency care, where the proportion of patients who rated their overall experience as ‘10 out of 10’ has increased from 27% in 2016 to 33% in 2020 for Type 1 services (emergencies), and from 33% in 2016 to 44% in 2020 for Type 3 services (minor injuries)
 | STP Board Plan Refresh 2019National urgent and emergency care survey (national) |
|  | **Improving Flow** * Concerns over Pathway 2 capacity.
* Concerns over closure of beds in community hospitals.
* People want to be able to stay in their own home for as long as possible with the right support.
* What evaluation has been done to evidence that this is the right model of care.
 | STP Board Plan Refresh 2019 |
|  | **Hospital discharge** * Poor hospital discharge during the covid 19 pandemic. There is a need to improve integration of care to improve hospital discharge processes.
* Patients with a COVID-19 diagnosis reported consistently poorer experiences than people who did not have the virus. The greatest differences were during discharge and knowing what would happen next with their care after leaving hospital.
* Increased poor experience of discharge from acute care
* For hospital discharge, nearly a quarter of respondents to the Adult Inpatient Survey did not feel involved in decisions around leaving hospital, one fifth did not have their family or home situation taken into account, and around a third were not given any written information to take home with them.
* Discharge to assess (D2A) pathway 2 evaluated more successfully with patients understanding why they were going to care homes for rehabilitation and reporting some improvements in outcomes
 | Healthwatch England 590 stories of leaving hospital during Covid-19 - Healthwatch England & The British Red Cross (national)Inpatient experience during the coronavirus (COVID-19) pandemic report -CQC (national)Adult inpatient survey (local)Patient stories and surveys through CCG Pat Ep team (local)  |
|  | **Ophthalmology*** Many of our service users are likely to be affected by the changes to a more community-based approach, and most will welcome the changes. A key part of success will be communicating the changes.
 | Ophthalmology Focus Group-NHS Derby and Derbyshire CCG (local) |
|  | **Finance*** The finance is confusing, and this is impacting on the trust people have in the plans for integration.
 | STP Board Plan Refresh 2019 |
|  | **ASD and diagnosis*** Increased concern on the length of time for an autism diagnosis. No substantial difference between the experiences of parent carers in North Derbyshire compared to South Derbyshire.
* All parent carers stated that they had experienced significant waiting times to see various professionals.
* Parents made positive comments regarding the autism diagnosis appointments.
* Some parent carers reported great difficulty in getting appropriate support, or knowing where to get it from during diagnosis.
* Parents reported that the waiting times were long. However they appeared to be slightly longer in South Derbyshire than in North Derbyshire
 | Parent Carers forums for DerbyshireMP enquires and concernsHW reports |
|  | **Vaccination uptake partnership and collaboration**To support vaccination uptake organisations should have strategies that:* Foster collaboration and partnership work between statutory services, the VCSE and communities to support uptake and address vaccine hesitancy
* Build on existing networks to support continuous information sharing and learning
* Access support from national team connections, such as the vaccine equalities team, health inequalities improvement team and central government departments
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | **Health Protection** |  |
|  | **Patients' infection protection safety*** People’s experiences of inpatient care were generally positive. Overall, most patients (83%) said they felt safe from the risk of catching COVID-19 in hospital. However, people diagnosed with the disease while in hospital felt less safe than patients who did not receive a COVID-19 diagnosis (68% and 84% respectively).
 | Inpatient experience during the coronavirus (COVID-19) pandemic report -CQC (national)  |
|  | **Covid Vaccination programme** * Positive experiences of covid vaccinations services, in terms of overall services, staff, speed, communication and treatment and care.
 | Covid-19 Insight – Vaccinations experiences, opinions, and queries – Jan to March 2021 Healthwatch Derby (Local)Covid-19 Vaccinations experiences and Insight (various monthly reports) -Healthwatch Derby (local)  |
|  | **Vaccination information*** Participants asked for more and better information to support informed decision making for vaccination. This included information around vaccine benefits, side effects, safety, effectiveness and addressing concerns related to mis/disinformation. Participants also identified a need for accessible data on the frequency of adverse events, vaccine effectiveness and uptake. However, some participants described that there was too much information and vaccine fatigue. This could have negative impacts on engagement by making people more receptive to mis/disinformation.
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | **Communication*** Provide tailored information and communications messaging in a range of accessible formats and languages
* Use audience segmentation and access behavioural insights support/expertise in developing and communicating information
* Use culturally diverse and appropriate imagery in information and communications resources- people featured in resources should reflect the cultural diversity of communities
* Work with trusted healthcare professionals, high profile and trusted community sources to develop and disseminate vaccination health messages
* Increase the reach of vaccination health messaging using multiple, trusted channels. This includes:
* Trusted community resources e.g. pharmacies, dentists, libraries, community and faith centres
* Non-mainstream media channels accessed by Black African and Black African Caribbean populations e.g. radio, TV, social media
* Trusted healthcare professionals, high profile community member and leaders Deliver targeted conversations to boost vaccine confidence e.g. community health talks delivered by trusted healthcare workers
* Work with the VCSE to identify and access trusted networks, such as faith groups, community and sports-based organisations and social media networks
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | **Vaccination programme delivery*** Ensure non-stigmatising communications and interventions
* Ensure communications and interventions are culturally appropriate and sensitive to social and cultural needs
* Partner with spokespeople that the community trust and respect
* Use culturally appropriate and accessible community venues to deliver vaccinations
* Provide mobile and pop up vaccination clinics
* Ensure the vaccination workforce (including volunteers) reflects the cultural diversity of local communities
* Use evidence-based approaches to support vaccination uptake
* Deliver vaccine champion initiatives to provide COVID-19 vaccine advice and support uptake
* • Respect personal autonomy and choice in vaccination decision-making
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | **Quality Improvement** |  |
|  | **Data*** Better collection, sharing, and use of data was seen as key.
 | STP Board Plan Refresh 2019 |
|  | **Remote access to services and information** * Choice around use of online services
* Online contact with practices continues to increase, with 55.1% having used at least one online service – up 10.8 percentage points from the 2021 survey. The most common use was for repeat prescriptions (30.8%), however, the proportion of patients who reported accessing their medical records online more than doubled over the last year (16.5% compared with 7.1% in the 2021 survey). The increase in use of GP practice websites for information or to access services also increased, with 60% of patients now doing so
 | STP Board Plan Refresh 2019GP Patient experience Survey (national) |
|  | **Frailty*** Identification, assessment, and management of frailty should be a priority for JUCD.
 | STP Board Plan Refresh 2019 |
|  | **Workforce*** There was concern around how the changes taking place were impacting on staff causing uncertainty and instability
 | STP Board Plan Refresh 2019 |
|  | **Care Homes*** The wellbeing of care home residents is the cornerstone of good quality care.
* Care home visiting, contact and communication with their residents, family and friends should be maintained by all means possible, to ensure the physical and mental wellbeing of both residents and their loved ones.
* Guidance, policies, and procedures should be in place to support care homes to ensure this is provided in a personalised way, providing reasonable adjustments where appropriate.
* There should be recognition of the dedication of care home staff.
 | Care Home Report: Sharing good practice and suggestions- Healthwatch Derbyshire (local)  |
|  | **Pharmacy** * The pharmacy met changing needs of patients during the pandemic.
* People enjoyed the convenience of being able to order medication over the phone and have it delivered to their homes.
* When people were under the impression GP surgeries were closed during COVID-19 they turned to their pharmacists as an alternative.
 | Restoration and recovery public engagement- Joined Up Care Derbyshire (local)  |
|  | **Waiting for treatment and care** * Around 40% of people said they delayed in asking for hep as a result of the pandemic.
* Almost 80% of care delays during the pandemic were the result of someone else (cancelled/re-arranged etc) the majority of these appointments were hospital outpatient appointments and operations/surgeries. 76% of people who experienced delays said they had resulted in problems for them, the main issues being pain followed by it affecting their mental health and a loss of mobility. 40% of people who have experienced a delay said they have now got an appointment/received treatment. Over 70% of people said they were not giving enough information about their delay in care.
* Access to information -The majority of local respondents did not feel that they received sufficient information around managing their condition whilst waiting for treatment, and those who did receive information did not feel it was sufficient to support them. The amount of supporting information given while waiting for care is inadequate, especially in helping people to manage their condition whilst waiting. People had no help at all, and this impacted on their mental health and increased levels of pain.Most respondents were unaware that they had the choice to request treatment elsewhere if the wait time exceeded 26 weeks. Most respondents felt that the communication between their hospital and themselves was inadequate during the period of waiting for their treatment
 | Delays in non-urgent care survey - Healthwatch Tameside – September 2022 (local)NHS Waiting Times - Experiences of waiting for care/treatment summary report-Healthwatch Derbyshire (local) Healthwatch England – Waiting times – Datasets from Derby City. Healthwatch Derby 2021. (local)  |
|  | **Cancer services** * Cancer Patient Experience Patients’ overall experience of care was good, with an average rating of 8.9, where the best possible score was 10. An overwhelmingly strong theme was gratitude, with staff being praised for their kindness and compassion.
* Views of general practice support through a cancer diagnosis were less positive. Concerns tended to focus on diagnosis, with respondents feeling that their GP had not listened to their concerns or had misdiagnosed them. There was a sense that symptoms and concerns had not been taken seriously and that referrals to relevant specialists were unduly delayed. Follow-up by GPs following cancer diagnosis was also commented on, with respondents describing feelings of being ‘abandoned’ with this expectation unmet
 | Cancer Patient experiences (Derbyshire local information)  |
|  | **General experiences and improvements** * Staff and the care were mentioned the most in regards in good aspects of the care they received.
* People wanted improvements in access to appointments, and the waiting times for those appointments, concerned many people.
 | General survey report 2022 - Healthwatch Tameside – July 2022 (local)  |
|  | **Vaccination uptake monitoring and evaluation**To support vaccination uptake organisations should:* Undertake monitoring and evaluation of strategies to support uptake, using quantitative and qualitative data
* Gather effective data and intelligence to assess the impacts of interventions, including insights from frontline workers
* Ensure evaluation findings are disseminated to all stakeholders, including in accessible formats for communities
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local)  |
|  | **Building trust*** Address long-standing inequalities, racism and discrimination
* Understand and recognise the historic context that underpins low trust and barriers to vaccination
* Work with trusted voices to build trust and support vaccination uptake
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | **Community engagement processes*** When engaging with communities, organisations need to provide:
* Assurance of direct benefits to the target audience
* Assurance of meaningful impact and positive change
* Opportunities for community co-production and validation of findings
* Opportunities for direct dialogue between communities and service providers
* Ongoing cycles of engagement, including insights from Black African and Black African Caribbean healthcare professionals
* Opportunities for learning from other areas
* Information on who will take action to address community concerns and next steps.
 | COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | **Relationship improvements** * Council

From a council perspective, participants discussed the continuation of the licensing of multiple takeaways and fast-food outlets, in addition to betting shops. They also feel let down by council inaction on a number of further issues including pest control and pollution from traffic fumes. * Government

In relation to the government, participants questioned why more isn’t being invested into health services. They also discussed the colonialism of countries from which many Black, Asian and Minority Ethnic people originate and the mistrust this has caused in the government, along with recent wars supported by our government which have caused many Black, Asian and Minority Ethnic refugees to move to England in recent years.* NHS

From an NHS perspective, participants feel unheard and want to discuss their experiences face-to face. They believe the NHS needs to build trust among young people and to communicate with Black, Asian and Minority Ethnic community groups. There was a specific focus on the ability of staff to insert cannulas on Black, Asian and Minority Ethnic patients and the need for recognition of past initiatives which broke trust such as drug trials on Black, Asian and Minority Ethnic groups. | Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. - (local) |
|  | **Understanding public behaviours, choices, and attitudes**  |  |
|  | **Choosing to not access healthcare during the pandemic*** People made different assessments of needs and risks during COVID-19.
* People who decided not to use services citied reasons such as fear of contracting the virus or not wanting to overwhelm the NHS, which would not have been barriers before COVID-19.
* Fear of catching and becoming seriously ill with COVID-19 outweighed concerns about respondents’ existing health conditions.
* A lack of trustworthy information and conflicting guidance emerged as key concerns and barriers to seeking medical help.
* NHS Trusts and GP surgeries must ensure that clear, practical advice to patients on COVID-19 security measures are in place before appointments to encourage people to return to care.
* The provision of/or signposting to translated information and information in accessible formats is important
* Choice for people with long term conditions on how care is delivered, remotely or in person, so they can make a decision related to their immediate health needs, their personal risk factors and COVID-19 security measures is key.
* Consistent advice across NHS services for people with long term conditions on COVID-19 risk related to their condition and treatment is important.
 | Restoration and recovery public engagement-Joined Up Care Derbyshire (local) Survey of health and social care services during Covid-19– Choices and Behaviours -Healthwatch Derby (local)I want to go to my hospital appointment… what about Covid? - Patient Information Forum ( national) Access to GP services during the Covid-19 Pandemic -NHSI (regional)  |
|  | **Vaccine hesitancy/worries/anxieties*** For those communities reported to have low vaccine confidence, namely, Black African, Black Caribbean, Bangladeshi and Pakistani communities, the themes were concerns around effects of the vaccine, social pressures, mistrust, misinformation/information and practical barriers.
* 50% of people who had not had the vaccine or had concerns around taking it were worried about the long-term effects on their health.
* Around 1/3 – 1/4 of people attending vaccine clinics had some worry or anxiety about having the vaccination. The main worry or anxiety was about side effects, others mentioned were, a fear of needles/injections and the short-term and long-term effects of the vaccine and concerns around adverse reactions in those with existing allergies or medical conditions
* Most people stated that the centre could not have done anything further to reduce worries/anxieties or improve the experience. 90%-96% of people stated that their worry or anxiety was resolved by the centre.
* There were two main areas of concern, worries around the effects on a person’s own health and worries about the safety of the vaccine.

Barriers and facilitators for vaccination uptake in Black communities in Derby include:* Participants described barriers to vaccination centred around the themes of distrust, access, healthcare services, stigmatisation, vaccine safety and effectiveness, information and communication, autonomy and personal choice, COVID-19 policy and response, and cultural and religious factors.
* Key themes related to facilitators to vaccination uptake included the benefits of vaccination, such as protecting yourself and others, endorsement by trusted voices, information and education, respect and global vaccine equity
 | What are people telling us about the Covid Vaccine? - Healthwatch England (national) Healthwatch Derbyshire Annual Report 2021/2022 (local)Covid-19 Vaccinations experiences and Insight -Healthwatch Derby various monthly and summary reports (local) COVID-19 vaccination inequalities and vaccine hesitancy in Black African and Black Caribbean Populations: the findings of a community engagement programme in Derby, December 2021 - March 2022 Community engagement programme report (local) |
|  | **Changes in attitudes towards GPs and experiences of services** * GP's feel that there has been an increase in negative behaviours from the public, especially towards the reception team.
* The strong perception that access to primary care is challenging, is largely borne out in experiences.
* When thinking about the quality-of-care GPs provide, there is some evidence of a perceptions/reality gap.
* The proportion of patients reporting a good overall experience of their GP practice decreased to its lowest level for five years, at 72.4%. This represented a 10.6 percentage point decrease compared with the 2021 survey (83.0%).
* 2/3 of GP access experiences were negative.

**Public attitudes to the NHS**The fall in satisfaction was observed across a range of services, as follows: • GP services fell to 38% – 25 percentage points lower than the previous lowest level (63%) recorded in 2018. • Inpatient services fell from 64% in 2019 to 41% in 2021, a fall of 23 percentage points. • Outpatient services fell from 71% in 2019 to 49% in 2021. • NHS dentistry services fell to 33% compared to 60% 2019• For accident and emergency services, satisfaction fell sharply by 15 percentage points, from 54% to 39%. This is the lowest level recorded since a question on A&E was introduced in 1999* Discussion predominantly focused on primary care and their thoughts were typically negative,

expressing frustration with long waiting times, feeling rushed during appointments and the impact of COVID on seeing a doctor face-to-face. They also felt that GP receptionists negatively impacted their experiences. Although, there were positive comments on repeat prescriptions services and the use of online services in facilitating their ease of seeing a GP. Participants felt that the business aspect of healthcare was taking over, with less of a focus on customer care. Along with feeling that when they do make complaints, they are ignored and covered up.  | GP’S experiences of public behaviour and vaccination enquiries at primary care level (Autumn 20 – Jan 21)-Healthwatch Derby(local)Perceptions and Reality - Accessing Primary Care, and Urgent and Emergency Care-Britain Thinks (Local)GP Patient experience Survey (national)Changes to the way people access health and care services- Healthwatch Tameside – June 2022 (local) British Social Attitudes Survey (national) Derby Health Inequalities Partnership Community Consultation: 2021/22 – Community Action, Derby Homes, Derby City Council. (local)  |
|  | **Expectations and understanding of the public*** Growing expectation of a return to ‘normal’ characterised as a return to face-to-face and improvements to waiting list times.
* The public are more pessimistic about the standard of care that the NHS will be able to deliver moving forward.
 | Attitudes towards and experiences of the NHS during Covid-19: views from patients, professionals and the public-Britain Thinks (National) |
|  | **NHS staff*** There is strong topline support for the NHS, and praise for frontline staff.
* HCPs are aware of patient concerns, particularly in relation to access, and are worried that they are seeing declining public support as a result.
 | Perceptions and Reality - Accessing Primary Care, and Urgent and Emergency Care-Britain Thinks (Local)Attitudes towards and experiences of the NHS during Covid-19: views from patients, professionals and the public-Britain Thinks (national) |
|  | **Perceptions and understanding of Urgent Care and access** * Patients feel that they only access, or seek to access, primary care or UEC when it is truly necessary.
* Thinking about UEC is dominated by A&E. There is a widespread perception that A&E is difficult to access; patients say this plays out in reality with long waits in A&E highlighted.
* Perceptions of high-quality care in urgent settings are generally borne out in practice.
* There is a very mixed understanding and awareness of the term 'urgent care' with many confusing the term with 'emergency care'.
* Many people referred to the UTCs as Minor Injury Units or Walk-in Centres.
* Some people are not aware of where UTCs are located, how to access them, and what they can be used for.
 | Perceptions and Reality - Accessing Primary Care, and Urgent and Emergency Care-Britain Thinks (national)Urgent Treatment Centre Pre-engagement Report 2022- Derby and Derbyshire CCG (local) |
|  | **Confidence in recovery** * Confidence around recovery from the pandemic is extremely low, with two thirds of respondents indicating they are not very or not at all confident that the health and care system will be able to recover to deliver high quality care and treatment.
 | Patient Experience before the Omicron Wave; The storm before the storm -The Patients Association (national)  |
|  | **Views of the people of Derbyshire about what is Important to them**What is important about where you live?* People want to live where they live now
* People want to live in a house
* People want their home to be safe
* People want to live in the countryside

Who is Important to you? * People want to live with the partner or spouse
* Family and friends are really important
* People would turn to their family or their friends for support
* Community is really important to people

What is important for you to have around you and in your community? * People want a range of things within their community
* Healthcare, outdoor space, shops and community groups are important
* People think that the community should help when things go wrong
* There is a need for more digital support

What things do you want to be doing? * People want to be doing social and leisure activities
* Time and money are barriers to doing what you want
* People are travelling less and staying at home more because of COVID-19
 | Best Life Derbyshire – Derbyshire County Council 2022 (local)  |
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