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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 6 September 2019

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 16 September 2019** in the Council Chamber, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully

Janie Berry

JANIE BERRY
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence

   To receive apologies for absence (if any)

2. Declarations of Interest

   To receive declarations of interest (if any)

3. Minutes (Pages 1 - 6)

   To confirm the non-exempt minutes of the meeting of the Improvement and

Scrutiny Committee – Health held on 15 July 2019.

4. Public Questions (30 minutes maximum in total)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda.)

5. Healthwatch Derbyshire Update (Pages 7 - 26)

Experiences of using Health and Social Care Services in Derbyshire 2019.

6. Re-design of Clinical Pathways - Erewash (Pages 27 - 130)

Update on the re-design of clinical pathways to support hospital discharges.

7. Joined Up Care Derbyshire Update (Pages 131 - 156)

Presentation to update on the development of the STP plan.

8. Belper Health Services (Pages 157 - 158)

Update on Joined Up Care in Belper.

9. Exclusion of the Public

To move “That under Regulation 21 (1)(b) of the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information Part 1 of Schedule 12A to the Local Government Act 1972”

PART II - EXEMPT ITEMS

10. Declarations of Interest

To receive declarations of interest (if any)

11. Belper Health Services

Presentation update on Joined Up Care in Belper.

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 15 July 2019.

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Burfoot, L Grooby, G Musson, I Ratcliffe (substitute) and A Stevenson.

Also in attendance were: R Cater, R Chapman, C Clayton, Z Jones, S Lloyd and Sean Thornton from Derby and Derbyshire CCG.

A Hayes (DCC), H Henderson-Spoors (Derbyshire Healthwatch), J Needham (DHS) and D Wallace (DCC).

Apologies for absence were submitted on behalf of Councillor S Blank.

15/19 **MINUTES** **RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 20 May 2019 be confirmed as a correct record and signed by the Chairman.

16/19 **PUBLIC QUESTIONS** There were no public questions. Councillor Allen expressed his concern about the new procedures for public questions and stated that he was aware that questions had been submitted but had been refused. The Chairman advised Councillor Allen that the questions had not been accepted because the Committee was not the decision making body for the issues raised within the questions. Dr Chris Clayton confirmed that the questions had been forwarded to the CCG.

It was noted that Councillor Allen's comments were supported by Councillors Bambrick, Burfoot and Ratcliffe.

17/19 **UPDATE ON CCG FINANCES** Dr Chris Clayton presented an update on the Derby and Derbyshire CCG's financial position. The report set out:

- the performance of the CCG in relation to its 2019/20 financial recovery plan;
- the schemes contained within the CCG's 19/20 financial recovery plan, their status as either transactional versus transformational;
- the governance status of transformational schemes; and
- the status of transformation schemes requiring associated engagement processes and progress to date.

If the CCG's expenditure remained within the plan it would receive up to £29m of the Commissioner Sustainability Fund. The report went on to show a summary of performance against key CCG financial duties (savings to date of £5.8m with forecast delivery of £69m savings) and a summary of operating budgets. The ten key transformation priorities for 2019/20 were summarised, with the largest area being Medicines Management and the QIPP Plan Status updates for Transformational and Transactional Schemes were discussed.

It had been agreed that the Committee would meet with the CCG to discuss in more detail the ways in which the CCG had strengthened its engagement governance. Any projects which would represent the possibility of significant service change would continue to be discussed with Committee on an individual, scheme-by-scheme basis to provide assurance that the CCG would meet its statutory duties around engagement and involvement.

A number of questions were put by the Committee including questions about medicine management, reduction in waste, quality and safety for patients and, streamlining GP services. Referring to the CCG's report the Chairman stated that at this stage in the process it was difficult for the Committee to know the impact on service users of the individual transformational schemes listed and that therefore the Committee may request additional information from the CCG.

RESOLVED that as work on the individual schemes developed, the Committee would request further information from the CCG for consideration at future meetings.

18/19 **PILSLEY SURGERY CONSULTATION** Ruth Carter presented the report which outlined Staffa Health's 60-day consultation with patients regarding the closure of their branch site at Pilsley, Derbyshire D45 8JA. Staffa Health were facing a recruitment and retention challenge; the use of locums had put the practice in a difficult financial position.

The practice had submitted an application to close the Pilsley surgery to allow them to operate fewer sites which would be more manageable, safe and cost effective whilst sustaining the number of GP session available to patients. The fewer sites would also make the practice a more attractive career option for future incoming GPs and would have a positive impact on working conditions for all staff through a less disparate and more supportive environment plus help practice developments and training.

Members asked a series of questions and it was noted that:

- Pilsley surgery had been identified for closure over the other sites as it was a slightly smaller practice and access by public transport was better than to and from the Holmewood surgery;

- A number of drop-in sessions were planned where members of the public could speak to the Practice Manager, GP's, Nurses and other members of the team in an informal setting;
- It was anticipated that information collected during the consultation would lead to a better understanding of the transport needs of patients living in the Pilsley area and that this intelligence would be used to inform discussions about potential mitigation measures, with Community Transport Organisations for example.

RESOLVED that the CCG (1) present the outcomes of the consultation to the Committee at a future meeting;

(2) provide the results of the impact assessment; and

(3) provide the proposals to mitigate against concerns raised during the consultation.

19/19 RE-DESIGN OF CLINICAL PATHWAY TO SUPPORT HOSPITAL DISCHARGES – EREWASH Zara Jones presented the report on proposed changes to the community rehabilitation capacity in the Erewash area by ensuring the right services were in place to meet the needs of people discharged from acute hospital care.

The report gave an overview of the proposals, the engagement process and the aims and implications of the proposed changes which included provision of beds in a local authority care home with additional care staff and health input to support rehabilitation, plus ensuring support for people able to go home with health and social care input. It was recognised getting the capacity in the right place was a fundamental part of the system and needed to be coupled with effective operational delivery.

The report outlined the changes instrumental in enabling patients to be discharged into a pathway which matched their level of need:

- **Pathway 1** - care and rehabilitation provided **at home** by an integrated community team;
- **Pathway 2** - managed by social care with medical oversight from an Advanced Care Practitioner with GP supervision, in **a less medicalised setting** where patients were able to demonstrate greater independence and mobility, with input from therapist and community nursing teams to meet any ongoing health needs;
- **Pathway 3** - nurse-led where patients spend the majority of their time in a bed on a **medical ward** with some rehabilitation therapy input.

The engagement process would run for 60 days up to 26 August 2019 using a variety of tested approaches with the final decision due to be made by the Governing Body in September 2019.

The Chairman thanked Zara Jones for presenting the report. He stated that the success of the proposed model hinged on a number of factors and that the Committee would be seeking further assurances. The factors included the accuracy of the demand profiling for "bedded" care and whether all elements of the system were working effectively, for example, whether people's health needs were accurately predicted and whether the system had the resources and capacity to meet demand.

RESOLVED – that the Committee receives an update and the outcomes of the engagement process at the next meeting.

20/19 HEALTHWATCH DERBYSHIRE – INTELLIGENCE REPORT MAY 2019 Helen Henderson-Spoors presented the highlights of the report which had already been circulated prior to the meeting.

The County Council undertakes regular surveys of adult carers however this left gaps in their knowledge and understanding around the quality of like for carers. The Carer's Engagement looked into the experiences of health and social care workers, with 428 carers being questioned. Peer support was found to be most important to individuals, with lack of information on where to get support for mental health support workers and carer's assessments being too focussed on the physical health of the patient rather than mental health being areas of concern. The full report would be available on the website when completed.

Creative engagement looked at the priorities in Children's Services around weight, tooth decay and teenage pregnancy. 900 children and their parents/carers were consulted about the barriers to healthy lifestyle choices and how they could be improved. The report was delivered to the Children's STP Board in April and it was asked to make ten pledges in response. The full report would be available on the website once the pledges had been received.

Also mentioned was the rural engagement exercise which took place over the Summer of 2018 with specific attention to rural communities across Derbyshire. It explored how living in a rural area could impact on the health and social care services that people used. The summary of findings included long waits for a range of mental health support services, loneliness, end of life care and a number of inappropriate attendances at A&E. The information collected was forwarded to the eight Joined Up Care Derbyshire alliances.

The Chairman thanked Ms Henderson-Spoors for the valuable work done by Healthwatch Derbyshire and providing an insight for the Committee.

RESOLVED to note the report.

21/19 HEALTHWATCH DERBYSHIRE – ANNUAL REPORT 2018-19

The report was submitted to the Committee for information purposes only.

22/19 0-19 PUBLIC HEALTH NURSING SERVICES IN DERBYSHIRE

Dean Wallace, Director of Public Health and Jayne Needham, Derbyshire Community Health Services made a presentation to share progress on the development of a new 0-19 Public Health Nursing Service in Derbyshire which would be launched on 1 October 2019 and the key opportunities and challenges that the Partnership was currently addressing.

The current 0-19 Public Health Nursing Service, which included Health Visiting, School Nursing, Vision and Hearing Screening, and the National Child Measurement Programme (NCMP) was part of a multi-agency approach to improving the health and wellbeing of children, young people and families and contributes to the Healthy Child Programme. This service was commissioned to 30 September 2019 by DCC Public Health and provided by Derbyshire Community Health Service (NHS) Foundation Trust.

The council was wanting to improve the health and wellbeing outcomes for children, young people and families who access the services. It was believed that the most effective approach for delivering these outcomes was through a Partnership Arrangement between DCC and DCHS. Cabinet gave approval to proceed with the development of the Section 75 Partnership Agreement on 26 July 2018. This approach would maintain stability of service provision and support a more integrated approach to delivery of services for children, young people and families.

Mr Wallace and Mrs Needham were thanked and congratulated on the work done.

RESOLVED (1) to note the work undertaken to date by Derbyshire County Council and Derbyshire Community Health Services to develop and implement a new 0-19 Public Health Nursing Service for Derbyshire; and

(2) to invite Mr Wallace and Mrs Needham to a future meeting for an update on progress.

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Experiences of using health and social care services in Derbyshire

Comments taken by Healthwatch Derbyshire between January and September 2018

November 2018

Helen Henderson-Spoors - Intelligence and Insight Manager

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1. Thank you

Healthwatch Derbyshire would like to thank all the people who have spoken to our engagement team, or contacted us by telephone, letter, email or online to give their feedback about using health and social care services. Without this information, we would not have been able to complete this report which gives a view of patient experience across the county.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all people in Derbyshire, but nevertheless these comments offer a useful insight. This report is based on comments received between January-September 2018, and so only provides a snapshot of patient experience collected at that point in time. This feedback should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing and commissioning these services. We also ensure that organisations are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

To ensure a diverse range of individuals are able to share their views on local health and social care services, Healthwatch Derbyshire undertake targeted pieces of work, paying specific attention to those who may otherwise struggle to be heard.

During the summer of 2018, the engagement team focused their engagement on people who lived in rural communities, to look at the impact their location had on their experience of health and social care services. The focused engagement, alongside comments we had already collected from January 2018, meant we had access to a large amount of information that covered the whole county of Derbyshire.

When we came to analyse this information, it became clear that there were some key themes that would be useful to Joined up Care Derbyshire (JUCD), and in particular the eight ‘Place Alliances’ that operate as part of JUCD. The report has been structured to present information that will offer support to make decisions about local services to meet the local need.

What is 'Joined up Care Derbyshire' (JUCD)?

JUCD is Derbyshire's Sustainability and Transformation Partnership (STP). It brings together health and social care organisations across Derbyshire, to work together more closely in order to provide the best care and services for people.

Part of the aim of JUCD is to understand what people and communities need to stay well, and focus support on ensuring people stay well for longer. In order to do that, the county of Derbyshire is split into eight areas which are called 'Places'.

In each Place, there is a 'Place Alliance' which is a group of key decision makers, e.g. clinicians, council members, the voluntary sector and other local stakeholders who have an understanding of the local people and their needs. In addition to their focus on what local people need with regards to health and wellbeing, they also focus on a set of consistent work areas aimed at preventing people from needing to be admitted to hospital, e.g. falls prevention, and end of life care and support.

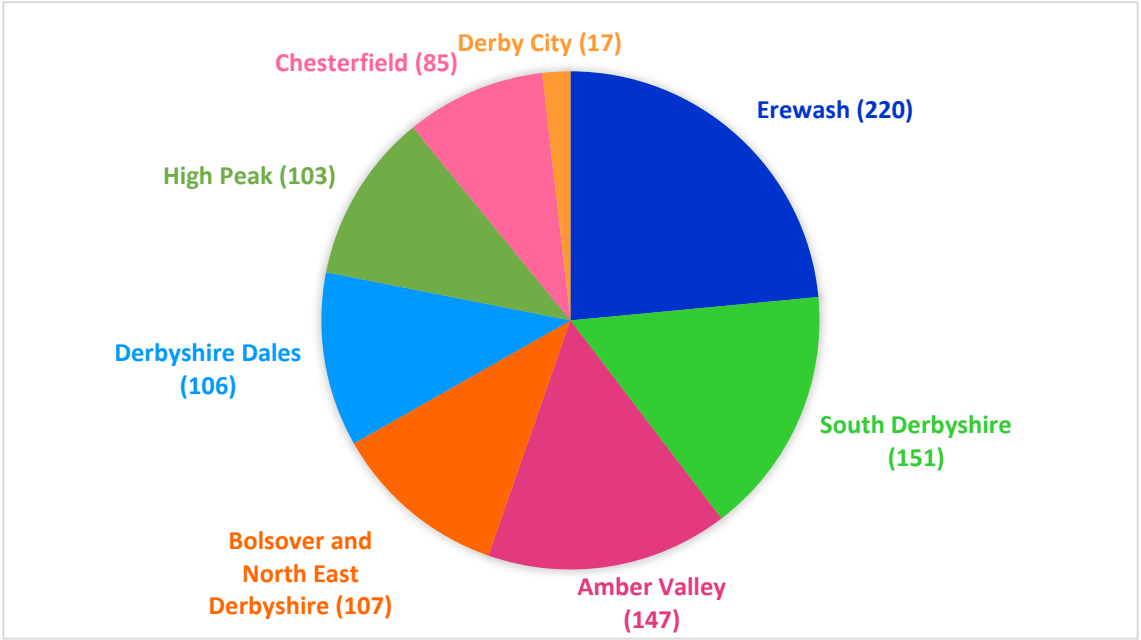
For more information please visit: https://joinedupcarederbyshire.co.uk/our-places

5. What we did in brief

This report is a summary of the themes that have emerged from the comments received between January-September 2018. The comments were collected in a number of different ways for example, through engagement activity, emails, telephone conversations, online and by post.

The chart below shows the number of comments received per district.

It is important to note that some areas have fewer comments due to the fact that engagement was focused primarily in more rural areas and also it is not within our remit to cover the city area, as there is a Healthwatch Derby who covers this area.



6. Key findings

There were several themes that were either common to, or were different between places:

- Long waiting times for a range of mental health support services and mental health professionals in the community
- People with mental health, long term conditions or any long term health or social care needs described a lack of background knowledge, understanding and relationship when people do not have consistent relationships with professionals such as GPs, community psychiatric nurses (CPNs), social workers and homecare staff
- Many people experienced loneliness which was sometimes, but not always linked to a lack of transport and rural isolation
- People explained the importance of being involved in their relative's end of life care, and gave positive feedback from several places about this happening
- Difficulty knowing what services are available in the local area because in part of a lack of up to date accessible information
- A resistance to GP reception staff asking questions about the reason a medical appointment is required
- There are many examples of repeat visits to a GP, and/or repeat attendances at A&E when people feel that their condition has not been sorted/resolved adequately at earlier visits
- There are a number of examples from different places of inappropriate attendances at A&E
- People express concern that patients will not manage safely back at home once discharged – explaining that sometimes discharge feels premature without sufficient support in place
- One difference between places seems to be a difference and variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

7. What people told us

7.1 Overarching themes relevant to multiple districts

- <u>General Practice – appointment availability and flexibility:</u>

There was a common theme within Amber Valley, South Derbyshire, Chesterfield and High Peak around difficulties in booking a GP appointment with most people waiting two or three weeks for an appointment. Working people found it particularly difficult to get an appointment to fit around work commitments.

The main concerns appeared to be the difficulty of getting an appointment within a reasonable timescale. Many people explained their struggles of trying to get an appointment for the same day, resulting in people:

- Staying up until midnight to try and book a 'same day' appointment online
- Phoning the surgery and being on hold and in a queue with no guarantee of getting the appointment
- In some cases queuing at the surgery door from 7.30am.

However, it is important to note that some comments suggest people were able to get an appointment within a 'reasonable' time frame and others explained, "You can usually get an appointment in a day or so".

Furthermore in the Derbyshire Dales, satisfaction with GP services was very high, with lots of compliments around responsive appointment systems, friendly practice staff and excellent clinicians. People also appreciated services being flexible and responsive to the rural area they serve.

Sample of comments:

- *"The staff always work hard to get my children in but when I need to see a doctor it is not seen as a priority and as I also work long hours it is very hard to see someone."* (Amber Valley)
- *"I work on a production line and I can't just leave for an hour or so. When I need to go to the doctors I usually have to take a whole day off work."* (Amber Valley)
- *"I cannot get through to book an appointment. I ring and ring and there is never an answer, always engaged or not answered."* (Chesterfield)
- *"I have been trying to get an appointment for days to see any GP."* (Bolsover and North East Derbyshire, NED)
- *'My husband was ill a couple of months ago. I was away and a friend was staying with him. He got worse and needed to see a doctor. As the friend who was staying with him could not drive the doctor very kindly agreed to come out to see him as we are a bit out in the middle of nowhere. It really made a difference and if no one had been to see him I worry that he may have got a lot worse. The doctor also arranged for the prescription to get to the house for him. Thank you so much."* (Derbyshire Dales).

➢ GP receptionists:

People spoke about feeling really reluctant and uncomfortable to talk to GP receptionists about the reason for needing an appointment. The questions were felt to be intrusive and unnecessary when receptionists are not medical professionals. Similarly, people are not clear with the relevance of sharing their personal information with the receptionists.

Sample of comments:

- *"The receptionists ask in-depth questions and do not understand the condition… so are unable to understand the urgency of appointments or the implications of having to wait several weeks for an appointment."* (Chesterfield)
- *"Getting through to the receptionists that I need an appointment, the GP asked to see me within a specific amount of time, the receptionists are not helpful or understanding as we are only asking for what the GP has told us to do."* (Bolsover and NED)
- *"The wait to see a GP is getting longer and longer and is only going to get worse. If it is an emergency (the receptionist has to agree that they consider it one) then they will arrange for a GP to give you a telephone call. Then during the call, the GP decides if you can have an appointment. This does work to some extent, but I worry about people who do not feel able to go through everything with the receptionist and just give up."* (South Derbyshire)
- *"It is very hard to get an appointment with a GP. I feel there are some issues with reception staff as they act as too much of a barrier to accessing help when they are not clinically trained."* (Erewash)

- *"The receptionist asks too many personal questions at the surgery. There is also a barrier as it is not sound proof and everyone else can hear what is being said. There is little privacy at the surgery in the reception area."* (Bolsover and NED).

➢ Loneliness and isolation:

There was a real sense of loneliness and isolation in some of the comments from Amber Valley, Derbyshire Dales, High Peak, Erewash and South Derbyshire especially so, from older people and carers.

People explained their concerns around the cost and limited availability of transport and how this can create a sense of isolation. Likewise, many people felt it was 'essential' to have access to their own car to be able to access a range of services, including health appointments. This seemed to be a concerning issue for people, as not everyone has access to a car and with a lack of transport it could make it more difficult for vulnerable people to attend health appointments.

Linked to this sense of isolation, people also explained that it is not easy to find out what services and support is available in the local area. This lack of up to date accessible information about groups and services makes it difficult for people to find information themselves, and signposting hard for professionals.

Sample of comments:

- *"The only help that I would like is for someone to come and see me from time to time as I get very lonely."* (Amber Valley)
- *"There are things that take place that I would like to go to but there is no longer any transport provided. They just seem to rely on people who have relatives who can drive them places and I do not have anyone."* (Amber Valley)
- *"There is a lack of affordable or accessible transport for people who need to attend hospitals for appointments in the Dales. It is an extra worry when you are unwell. There is a gap in service as many elderly people do not drive."* (Derbyshire Dales)
- *"I live in Chinley and if you don't have a car it is very difficult to get transport to a GP appointment. It is really difficult even to book a taxi, especially for an appointment the same day. Sometimes this is because the distance travelled is too short to make the trip worthwhile for the taxi driver, and other times it has been due to them not being able to be booked on too short notice."* (High Peak)
- *"There have been changes to East Midlands Ambulance Service (EMAS) patient transport which means many people can no longer get help to get to appointments. There has also been a cut in community transport. This has led to informal arrangements being set up to take people to appointments but this means that people are not protected, both the driver and the person being taken. These people may not have had the correct training and they may be putting others and themselves at risk. There is a need for services to be in place where people have correct DBS checks and safeguarding training as there are more and more people who are isolated and so do not have a family to call on to take to appointments."* (Erewash)
- *"To access any sort of health appointment I have to take a taxi. I can't walk far enough to get to the bus stop and they are very infrequent being out here … The taxi drivers are all very kind but they are getting more expensive. I worry about getting ill or having to go to the hospital as I haven't got that much money spare."* (South Derbyshire).

- End of life plans:

A number of people explained the importance of relatives being fully involved within their relative's end of life care, this had a major positive impact upon experiences. In Amber Valley, Bolsover, North East Derbyshire and Derbyshire Dale comments suggest relatives have been actively involved.

Sample of comments:

- *"Due to Mum having Alzheimer's disease, she was unable to make decisions. Her care plans stated our wishes for her end of life care and were written accordingly. This included our wishes for Mum to remain at the care home where she was settled as she felt safe and relaxed with the staff and the care she received. Because the staff knew Mum, they were able to recognise the subtle changes in her condition and act accordingly. I was kept informed and included in all the decisions, as Mum's condition changed, throughout the last days of her life."* (Bolsover and NED)
- *"My mum was on the Nightingale Macmillan Unit until she passed away, they were so inclusive of all of the family. Mum was there for four weeks and when we visited they did crafts for all the children and we were always offered beauty treatments, everything you asked for or needed they got for you."* (Derbyshire Dales)
- Another person gave praise to the *'amazing support'* they had received from their GP in reference to their late husband's medical needs (Derbyshire Dales).

- **Unnecessary use of Accident and Emergency (A&E) departments:**

A number of people from the Polish, Romanian and Hungarian community explained they were not registered with a GP and they just go to A&E as and when they need services.

Likewise, other comments suggest due to the difficulties getting a GP appointment, they often decide to go A&E as they could guarantee to be seen.

Also, when people are provided with conflicting information and advice from different organisations/professionals this can often result in confusion and unnecessary A&E attendance.

Sample of comments:

- *"We live in the countryside and both of us work full time. We decided to do this (go to A&E) as we knew that we would be able to park and be seen on the day. We have difficulty getting appointments at our surgery especially on a Monday and we would have to take time off work."* (Derbyshire Dales)
- *"People I know of who work in agriculture use A&E even when it is not an emergency because they can drop in, they will get a solution and are open 24 hours."* (Derbyshire Dales)
- *"I was bitten by a dog and it wasn't anything major … I thought I would ring 111 for advice … I know they have a protocol to follow but I told them it wasn't really bad I just needed to know if to get a jab or not. They then told me to go to A&E but I didn't feel it was an A&E job, so I tried to get into my doctors but they also told me to go to A&E. I then got to A&E and they have a GP on site who you have to see first and he said, 'Why have you come here, you could have gone to your GP for this?' So I basically got told different information from different people, they all need to make sure they are all sending people to the same place."* (Erewash).

- Care at home:

A number of comments from Derbyshire Dales, Amber Valley, High Peak and Erewash shared some concerns around people being sent home directly from hospital, rather than being able to go for rehabilitation initially at a community hospital. This triggered concerns around ability to cope back at home, especially without adequate support from services.

People also spoke about their concerns in regards to the difficulties in organising social care support.

Sample of comments:

- *"She lives on her own in a small cottage up a steep hill … She has no family nearby and she is very worried as she has been told that she cannot have respite at a local hospital before she feels strong and well enough to manage at home. They have just told her that she will get 'a few visits a day'. We are both worried about what will happen when she needs to get up in the morning or use the toilet. What will happen if she falls over in the cottage and there is no one there? I am 95 and I am not able to help her. She has been told very little about what is happening and it is all being done and discussed by the doctors, nurses and social workers behind her back."* (Amber Valley)
- *"My father has been an inpatient three times in the last six months. He is 91 years old and each time he has been discharged I feel that it has been too rushed which is probably why he has had to be readmitted on each occasion. The staff would talk to him about going home when we had left and he just agreed to everything. We tried to explain to staff that they need to talk to the whole family but we felt that they did this to ensure that he would be discharged."* (South Derbyshire)
- *"My mother and father have had to be put into emergency respite because the local social services couldn't take on their care package. I have been waiting two months while both of their care packages have been out to the brokerage service. I have had to keep ringing two different professionals as my mother and father each have a key worker. I haven't got an answer back as to when my parents can come home and have the care provided."* (High Peak)
- *"Last year I was in hospital for five weeks on the High Dependency Unit. When I was discharged I was told I would need to have carers to help me for six weeks. I explained I get up very early around 6am, so I asked to have the first call which I was told would be 7am. I gave them the boot after five days, sometimes they would not arrive until 11am and then they would come to put me to bed at 6-7pm which I never like going to bed at this time. Why do they have these schemes if they do not work? I did ring the supervisor, but they were not much help. I then managed on my own."* (Erewash)
- *'In my role as a nurse, I see many people that if they had been receiving better care from the home carers then they would not get so ill that they then need to come to the hospital. Home carers need to have better training, supervision and have the appropriate amount of time with people so that they can check if people are taking their medication and are eating or drinking enough or are going to the toilet. Carers need to care and if they were doing their job correctly then people would not be coming into hospital dehydrated, malnourished or having sores. As a carer, they should be reporting any deterioration in their clients' to the health professionals not waiting for it to become a crisis and for an ambulance having to be called. With the development of 'better care closer to home,' the people in charge need to make provision for 'better' or at least appropriate care"* (Erewash).

- Frailty and Falls Prevention:

Several comments provide examples from when people who have had a fall, had little or no follow up once discharged from hospital around future falls prevention. For example, some comments from Bolsover and North East Derbyshire explain that although hospital admissions had occurred following a fall no referral to the Falls Prevention Team had happened as a result.

In contrast, one person described a positive experience at Chesterfield Royal Hospital after a family member experienced a number of falls, and compared this to another hospital which had not been so proactive around a history of falling.

Support from districts nurses and physiotherapists was highly valued and there were several positive comments from elderly people with a range of health issues regarding the flexible support offered to them by their GP practices.

As part of this engagement, we also received a patient story (Appendix 1) which highlights the importance for people to receive sufficient information as part of their discharge home from hospital. In this particular story, the lack of information on discharge resulted in the family being very proactive in ensuring their mother got the support she needed and the looming questions was, "I wonder what would have happened if there was no one to make all the phone calls and chasing up all the different organisations on her behalf?"

Sample of comments:

- *"My care co-ordinator has been brilliant. I had a fall a while ago and they have helped me to get lots of other help and support at home including handrails. They have also helped me fill in forms which are hard for me to do. I can no longer cook and so I now also have some meals delivered. Thank you to her, and all the other people and services that she put me in touch with" (South Derbyshire)*
- *"They have been very positive people (district nurses and physiotherapists) and have encouraged me to get going again. They arranged for me to have three wheelers upstairs and downstairs so that I could be more independent and get around. I am now able to go out a bit using a stick and I hope to continue to improve. I wish I could have got help sooner as I was in my bedroom depressed for so many months and I had to get very ill before any help come on board."* (Erewash)
- *"The surgery is absolutely brilliant, I am in my 90's and the GPs come out to visit me at home if I am really poorly as they know I would struggle to get into the surgery. They try and look after me to keep me out of the hospital and at home."* (Chesterfield)
- *"I had four falls in one year with four admissions on to hospital wards. I haven't been referred to a falls prevention group, and I had little advice on falls whilst in the hospital over the year."* (Bolsover and NED)
- *"I have had two recent falls which resulted in two lengthy stays at the hospital. However on both occasions I was discharged back home late at night where I live on my own. I haven't been referred to a falls prevention group."* (Bolsover and NED)
- *"When my grandmother was admitted following a fall, the level of care she received was brilliant. She had previously gone to another hospital after having several falls but they didn't provide any further support, they just checked her over and discharged her. At Chesterfield Royal however, they followed through with every action. They picked up that she had multiple falls from her medical history and made a referral to the Falls Prevention Team. We were shocked that the other hospital didn't do this earlier as that last fall could have been prevented*

but I just wanted to say thank you to the staff at Chesterfield Royal who went the extra mile for her." (Chesterfield).

- Coordination and communication between services:

People explained various issues with communications systems between services creating inefficiencies. Several people also explained the importance to have clear and consistent information from different services and health professionals.

Sample of comments:

- *"I am here at the hospital today for blood tests, for which the results will be sent to Derby, I then have to come again on Thursday for another set of blood tests to be sent to Burton. The results from blood tests are not automatically shared between the two hospitals; I don't think their systems talk to one another."* (Derbyshire Dales)
- *"I am a mother speaking on behalf of my adult daughter who has downs syndrome. She needs her ears vacuuming in the audiology department at the hospital every 4-6 months as she has a continual problem with her ears. To get an audiology referral, I need to go through the GP. As this is a continual problem for my daughter, I am wondering if there could be a simplified process where my daughter would just be re-referred within the audiology department rather than keep having to go back through the GP every few months to get the referral made to the audiology department"* (High Peak)
- *"Some people are unsure when to go to A&E, ring 111, and go to the GP or pharmacist. As all GPs are separate businesses they give out slightly different messages, for example, some do referrals to the physiotherapy service and some you have to make yourself; some provide blood tests and others don't. They should be giving out and promoting healthy lifestyles as standard. I worry that it is all about money and they will only help you if they are paid to. I know we need to be more responsible for our health but we can only do it if there is the right information and it is easy to understand."* (South Derbyshire)
- *"I was sent to Burton hospital because of a suspected appendicitis, as a result of an out-of-hours appointment. However, I was already attending Derby for outpatients and I had an MRI scan there. The doctors at Burton could not see any of my notes or results and so I asked if I could be transferred for my appointments back to Derby as they concluded I did not have appendicitis. They said that this was not possible. The hospital would not even agree to post the MRI scan over. I had to start right back at the beginning by going for tests and investigations. As well as taking much longer this also will have cost lots of money and time for the NHS as I have ended up have two MRI scans in two different hospitals."* (South Derbyshire).

- Mental Health waiting times and access:

People spoke about long waiting lists for a whole range of mental health services, especially community psychiatric nurses (CPNs). Likewise, when people are on the waiting list for a CPN it seems they are unable to access other services for support in the interim for example, Improving Access to Psychological Therapy services (IAPT). People explained they would like more information about where to go for support and how best to manage in the meantime.

Working men explained that they do not tend to recognise or cope with their own mental health needs very well, many said they often self-medicate with tobacco, drugs and/or alcohol.

People reported that they found it difficult having a lack of continuity with health professionals when they had ongoing mental health needs. Other people told us that accessing neighbourhood teams and getting support from them is becoming ever more difficult, with the threshold for support seemingly being raised. Comments were also made around the knowledge and experience that GPs have to deal with mental health issues beyond lower level depression/anxiety.

In addition, although Derby City residents are not actively targeted by Healthwatch Derbyshire, some comments from people living in the city were received during this period and reflect similar issues in regards to mental health support.

Sample of comments:

- *"I am on the waiting list still for a CPN despite not seeing anyone for months … I am unable to access IAPT services due to the fact I apparently have a CPN, but I don't!"*(Amber Valley)
- *"I was suicidal so I visited my GP practice and was offered an appointment but my GP wasn't very sympathetic and didn't offer any support … I said that I couldn't cope but I was just told that I'm already having counselling and there would be no other services for me at the moment."* (Amber Valley)
- *"I just get drunk when I am stressed."* (Amber Valley)
- *"I have a mental health nurse come in once every three weeks which is a good amount of support. However, the nurse moves to a new location every three months and by the time I have built up a rapport, the nurse has had to move on. This lack of consistent care with a nurse really impacts on my rapport building, and gives more chances for poor communication too."* (High Peak)
- *An individual explained that they self-referred themselves to Healthy Minds where they were assessed and informed that they required more advanced psychological therapy. They returned to their GP and was referred to an advanced psychological therapy service. The GP advised that the waiting list is was around 18 months. The individual was shocked at how long they would have to wait to receive support and asked, "What can I do whilst I wait?"* (High Peak)
- *"If you need any help with your mental health you are referred to a place in Matlock, which only runs on a Tuesday between 10am-4pm, so if you cannot get there on that date/time then there is no other option. There is nothing else."* (High Peak)
- *"I was admitted onto the Radbourne Unit and then moved onto Trevayler House and then discharged into the community. However, once in the community I had to wait six months to get the mental health services that I required. Once I received this, it was very good, but waiting for six months to access them was very difficult."* (Derby City)
- *"I don't think they always know where or how to refer on for more structured support and because it is so difficult to see the same GP each time you attend a surgery, the relationship and knowledge of the patient is lost. They also seem to rely a lot on the patient self-referring to other services which very rarely happens."* (Derby City).

7.2 Themes specific to Amber Valley

- Social Care in Amber Valley**:**

People raised a concern around the lack of continuity with social workers, regular changes of staff and it was felt that this lack of relationship and continuity was unhelpful. There

seemed to be a particular issue in regards to children and young people's social workers with five young people raising very similar issues.

Sample of comments:

- *"Recently, I rushed home after school and cancelled my plans to attend a meeting with my social worker. Five minutes before the arranged meeting, the social worker text to cancel the meeting."*
- *"I wish the social workers would be honest and say 'I'm not going to be able to make that meeting' in advance rather than not turn up or cancel at the last minute."*
- *"I have had three social workers in the space of a year."*
- *"There are obviously too few social workers for how many young people are out there needing the help."*

7.3 Themes specific to Bolsover and North East Derbyshire (NED)

- Bereavement support in Bolsover and NED**:**

Two people described a lack of bereavement support in the area and highlighted the importance for GPs to take people seriously and for more 'local' support groups to be available.

Sample of comments:

- *"I lost my mother last year and I have been struggling to come to terms with this loss, I cared for her an awful lot before her passing and I never had any support as a carer even though we had a number of services involved in her care. I would really like to access a bereaved carers group but I believe the closest one is in Derby and the general group is in South Normanton. These groups aren't close enough for me to access."*
- *"I feel that the GP doesn't take any notice of me when I'm talking about my mental health, I don't feel supported since the loss of my mother. I have been referred to an IAPT service but not for any bereavement counselling. I feel that GPs at the surgery should be more compassionate and empathetic towards mental health patients."*

- Care homes in Bolsover and NED**:**

People spoke about the factors that were important to them as relatives with family members in care homes. Good communication and relationships with care home staff were particularly important.

Sample of comments:

- *"My mum has been in the care home for about three years and we have always been really happy with the care and treatment she has received. The food they cook is very good, they put on regular activities and are very attentive to all residents. They inform us of any changes in health, medication or behaviour. The staff treat me like a family member and I am so happy that we chose this home."*
- *"Mum spent her last seven and a half years of her life living in the home, which we regarded as her home during this period. Throughout this time Mum has always been cared for with kindness, dignity and respect … Because the staff knew Mum, they were able to recognise the subtle changes in her condition and act accordingly … Throughout the time that Mum has lived at the home I have always*

been very pleased with the level of care and support given to Mum and myself by all the members of staff."

7.4 Themes specific to Derbyshire Dales

- Assets in the community within the Derbyshire Dales:

Many people spoke of the services offered at St Oswald's hospital as being a real asset to the local area and were very positive about the services offered there. There was a sense of frustration that more services are not available there, and that it is not busier.

Sample of comments:

- *"The walk-in centre is brilliant. It is really good if you are unwell or injured in the evenings or on weekends. They are also very good when the children come home from school poorly and we have been unable to get a GP appointment."*
- *"There is limited access to health visitors in the area, so if you want your baby weighed the only place you can go is St Oswald's hospital and that is only on a Wednesday morning."*
- *"The hospital was built for local people and to meet the needs of the rural population. Why is it not used more?"*
- *"Consultants only come here every two months for half a day and when you are booking appointments the receptionists are very quick to tell you that you will be waiting for much longer if you want to be seen in Ashbourne. It feels like they want to stop the consultants coming to Ashbourne … Most people who come to see the consultants here cannot drive down to the Royal Derby and so it is vital that services remain available in Ashbourne."*

- Support for mothers in the Derbyshire Dales:

Especially within the Derbyshire Dales a number of comments suggest a difficulty in accessing breast feeding support.

Likewise, due to transport there is a limited availability of baby groups for new parents.

There were concerns around the support received to new and first-time mums in rural areas. Several people explained they had only had one visit from a midwife/health visitor before birth to look at their house/property and then only one afterwards. This was felt to not be sufficient as, "You do not have the chance to build up a relationship or trust".

Sample of comments:

- *"When I had my second child I had a caesarean. I wanted to breastfeed and I was having some problems. When I rang the nurses they said that the only way I could get help was to go to Etwall clinic. However, as I had had the operation I could not drive and no one would come out to see me at my home. Because of this, I had to go to bottle feeding my child."*
- *"For breastfeeding support, I was just given a phone number to ring somewhere in Ashbourne and you just had to leave a message. There was never anyone at the end of the phone you just had to hope that they would call you back. I left many messages over the first few months as I was struggling to breastfeed. They rarely got back to me and so after three months I gave up and went onto bottle feeding. When they did occasionally get back to me they were not willing to come out to see me as I lived 'too far out."*

- *"There is a short supply of baby groups for new parents - you always have to be able to have your own transport. For my first child, I had to travel almost ten miles to go to a baby group. Being in a rural area you can feel isolated. It can be hard for lots of people."*
- *"People can be isolated and not always have friends and family locally to support them."*

7.5 Specific themes for Erewash

- Support for carers in Erewash:

Several people spoke about the lack of support available to carers from a variety of services and the need for carers to be proactive in finding out what respite support is available to them.

Sample of comments:

- *"I have not had enough support from the surgery as I am a carer for my grandmother. The surgery has told me that I am, 'too young to be her carer' and I have struggled to be put down in her notes as her carer, I do not agree with this. I am able to care for my child and my grandmother. I need to be kept informed about her to ensure she is safe."*
- *"There is a gap in service for long-term carers, I looked after my husband for many years who was in a wheelchair and I got no help or support. When he started to deteriorate I had no idea what to do or where to go for help."*
- *There is a big gap in service for people who care for and support people with fibromyalgia. My wife who cares for me has had no support over the years."*
- *"I got in touch with social services because I needed respite, I think I had just started to accept that I needed a bit of help… I thought they were going to find me a home … They just told me the names of five different homes so it is now up to me to ring around them all to see if they have a place available. When you're self-funding you do not get much help with things like this. It has taken me a long time to accept that I need help."*
- *"I do not need help with personal care, I can do that myself but as carers I feel we do need a break at least once a week."*

7.6 Specific themes for the High Peak

- Border issues between Tameside/Glossop:

People spoke about a number of challenges that they had experienced because of cross-border issues between Tameside and Glossop, issues included availability of services for residents in Glossop and discharge planning, for example out of county hospitals liaising with adult care causing family members to feel 'alone' and having to be very proactive in arranging the support.

In contrast, an employee for Derbyshire County Council explained that despite the cross-border issues within the area, the communication between Tameside Hospital Discharge Team and the local authority has vastly improved within the last 12 months. Communication had been an issue but something has changed within the last year and they are receiving more referrals for assessments within the community.

The Integrated Urgent Care Team was seen to be 'invaluable' however, one comment explained when assistance was required from the team they were advised that they, "Only cover Tameside."

Furthermore, especially within the Glossop area some comments suggest a lack of support services within the area often causing people to have to travel out of the area.

Sample of comments:

- *"The Integrated Urgent Care Team is invaluable but the issue is actually getting them to come out and cross the border from Tameside to Glossop."*
- *"Glossop is treated like a second-class citizen in comparison to Tameside, there are many people that don't have access to transport to get them to services in Tameside."*
- *"I just wanted to write and say how much I think Glossop needs a hospital. More and more planning is being given in the area for houses without any apparent thought being given to the infrastructure in the area to support a growing population."*
- *"When my partner was diagnosed with dementia, I was left to my own devices to find out what support was available. It seemed like there was support available in other parts of Derbyshire apart from Glossop. What is available for people living with dementia in Glossop?"*
- *"As a Glossop resident, I really struggle with finding a dentist in the local area. I have since had to pay privately for treatment which I feel is unfair." The commentator then posed the question "Are there any plans for more dentists in Glossop?"*

➢ Farming communities within the High Peak**:**

A number of comments suggest there is a barrier to people in farming communities accessing health and social care services.

It was also felt that GPs and health professionals should receive training on engaging with farming communities as there are significant barriers including a lack of trust in health professionals.

Sample of comments:

- *"There have been three suicides in the Tideswell area in the last two years, there is a need for people to have a key worker or be followed-up on a regular basis. Loneliness in this area is very high and there is a high rate of suicide in the farming community."*
- *"If you need any help with your mental health you are referred to a place in Matlock, which only runs on a Tuesday between 10am-4pm, so if you cannot get there on that date/time then there is no other option. There is nothing else."*
- *"Older people, particularly within the farming community who have not visited their GP in years due to transport issues, thus affecting their health."*

➢ Signposting to services within the High Peak:

There were several comments in the High Peak made about a lack of signposting.

- *One person explained that her husband had recently had an autism diagnosis from the hospital. She reported that afterwards they went to see their GP and were disappointed that the GP did not know of any support available for adults with autism diagnoses. The commentator reflected that signposting would be a helpful part of a GP service.*
- *"My son has been put on the waiting list for an adult autism assessment, I have been told that this will take up to 18 months, I understand why there is that*

length of time to wait but I haven't been given any support, advice or information regarding how I can help my son as his emotional health and wellbeing is deteriorating."

- *"When my partner was diagnosed with dementia, I was left to my own devices to find out what support was available. It seemed like there was support available in other parts of Derbyshire apart from Glossop. I contacted social services for guidance and support. After establishing that we could self-fund our care, they said they could do nothing to help us. It was a horrible feeling. Even if they could not provide direct care and support, it would have been helpful to receive information on what organisations to contact but we received nothing."*

8. What should happen now?

Based on the topics raised by patients in Derbyshire, Healthwatch Derbyshire recommends that the Place Board takes account of the themes relating to the eight 'Places' in Derbyshire and this is used to inform the work that follows in each place and to ensure this is embedded in planning and strategy.

The key themes for consideration and response are as follows:

- **Waiting times**: People have concerns that there are long waiting times for a whole range of mental health support services and mental health professionals in the community, and there is uncertainty over how to cope and stay well in the meantime
- **Continuity of care**: People with mental health, long term conditions or any long term health or social care needs describe a lack of background knowledge, understanding and relationship when people do not have consistent relationships with professionals such as GPs, CPNs, social workers and homecare staff
- **Loneliness**: People report that loneliness is an issue, sometimes but not always linked to transport issues and rural isolation
- **End of life**: To consider feedback from family around their experience of end of life care
- **Access to information**: To help patients, their carers and professionals to know what services are available in the local area
- **Awareness of triage systems**: Some people have a resistance to GP reception staff asking questions about the reason a medical appointment is required. Work with patients to help develop an understanding and acceptance of why this is important
- **Potential inefficiencies in the system**: This report details potential inefficiencies for consideration, such as:-

  - ✓ Repeat visits to a GP, and/or repeat attendances at A&E when people feel that their condition has not been sorted/resolved adequately at earlier visits
  - ✓ Inappropriate attendances at A&E.

- **Discharge to home**: To consider and explore how best to address concerns from some people about how patients will manage safely back at home once discharged

- **Falls prevention**: To consider and address feedback which seems to indicate there seems to be a difference and variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

9. Appendix 1: Patient Story

Patient Story

Healthwatch Derbyshire has put together this patient story to highlight a recent experience in the Derbyshire Dales involving a frail elderly person falling, from the perspective of her daughter who has given permission for us to include this story in our report.

"My mum had a fall in her house, banging her head very badly. This was on a Sunday evening and the service that we received from 999/111 was very good. They arranged for an ambulance to attend and talked us through things. Within 30 minutes a first responder was with us. We are in a rural area so appreciated how quickly they got to us. Not much longer after this the ambulance arrived. As it was a Sunday evening they had to coordinate this more, and we actually had a West Midlands Ambulance. They wanted to take my mother to Stoke hospital, but we said that we wanted to go to the Royal Derby Hospital. This was all arranged by the staff and so when we arrived at Royal Derby Hospital we did not have to go to A&E and we could go straight to the correct department where they were expecting my mum and knew what had happened. Also, her son, my brother, was able to travel in the ambulance with her. This was a great help. The fall happened at 6pm and by 8pm my mother was in hospital being treated. Everything went very well.

She was treated constantly from 8pm to 2.15am the following day. The staff did a wonderful job. They gave her a scan and all the while she had to keep on a neck brace. They treated her very well and kept everyone updated. She was then sent to the MAU where she spent two days. The staff were good, and responded to requests for help and assistance when my mum rang the buzzer. After a couple of days, she went to Ward 307. Again this was a good experience. There was enough attention from staff but what made the difference was there were lots of trainee nurses on the ward. This meant they had time to spend with my mum by washing her and just talking to her. The transfer from the MAU to Ward 307 went especially well as the family were shown where the ward was and where our mum would be on the ward. There was very good communication, and this helped everyone to feel at ease. Maybe because of all the help and attention, she improved very quickly and, as a family, we agreed to have her back at home where she wanted to be.

However, the discharge from the hospital and aftercare that she received could have been improved. We were given very little information on discharge from the hospital on how to care for my mum and on discharge, she had only just walked to the toilet by herself and she still had all the stitches on her face. We were just told they needed to be taken out in seven days and not how to arrange this. There was no advice on what my mum could do about washing herself. We were just given plasters for her face, not advice on how to put them on or anything. We are not professional carers and so we did not know what was safe to do. There has been no follow up conversation with anyone from the hospital to see how my mum is. We, as the family, have had to do the chasing and be proactive.

Things took a long time to get sorted. This included arranging for my mum to have her stitches out with the advanced nurse practitioner (ANP). However the ANP was very good and also gave 'healing plasters' for us to continue to put on. When the bath adaptation arrived it made a positive difference for my mum as she could gain some independence in bathing. We were concerned that no one from the surgery contacted my mum or the family after she had been discharged to see how she was and if there was anything the surgery could do for her. After the removal of the stitches, my mum wanted to see the GP as we felt that we were unsure about certain things and her balance was still very poor and we had not been given advice about what she could and could not do. We also wanted advice about her nose break and the swelling. There was no explanation of the effects of the concussion and it was not clarified if this was why her balance was still poor.

I wonder what would have happened if there was no one to make all the phone calls and chasing up all the different organisations on her behalf?'

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10. Response from service providers

As the report is structured to present information that will offer support to make decisions about local services to meet the local need, we feel a coordinated response from the eight Place Alliances by the Place Board would be the best option.

The report was shared with the Place Board Chair in April 2019 and will be shared at the Place Alliance Leadership meeting. We are still in regular contact with the Chair with regards to a response, but due to the nature of Place and the variation with how it is currently operating within the different areas it will be best to delay a response until Place is fully established.

Once a response has been received, the report will be available on our website.

11. Your feedback

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

……

……

……

3) Since reading this report:

a) We have already made the following changes: ……

……

……

……

b) We will be making the following changes: ……

……

……

……

Your name: ……

Organisation: ……

Email: ……

Tel No: ……

Please email to: helen.henderson-spoors@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN.

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

5th September 2019

Item No: 98

Report Title	**Re-design of Clinical Pathways to support hospital discharge**
Author(s)	Louise Swain – Assistant Director of Joint and Community Commissioning
Sponsor (Director)	Zara Jones – Executive Director of Commissioning Operations

Paper for:	**Decision**	X	**Assurance**		**Discussion**		**Information**	
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				Engagement Committee 4th September 2019				

Recommendations

The Governing Body is asked to **AGREE** the following recommendations:

Recommendation 1
Having carefully considered the feedback gathered through the engagement, the CCG believes that there are sufficient mitigations in place to address the issues raised. We have clear plans to continuously monitor and ensure the changes deliver the planned outcomes through the Erewash Operational delivery group and the Patient Experience Project and therefore we are recommending that the GB supports the proposed changes being implemented.

Recommendation 2
That the GB receive an implementation update report in 6 months' time which provides an update on the patient experience project and KPIs/metrics and outcome measures for the pathway changes illustrating people's experiences of the 3 pathways, length of stay, occupancy rates and outcomes for patients of the pathways. (See Appendix B)

Report Summary

- The attached report identifies the main themes raised through the engagement period, details the CCG's response and describes the methodology used.

- It details the proposed changes provided by pathways 1,2 and 3.

- It provides information about the system's readiness to mobilise the pathway changes.

- Potential operational risks are identified and mitigations are provided.

- The report has a number of appendices including the full engagement report (Appendix A) with accompanying engagement feedback details and a further appendix (Appendix B) that details the KPIs and metrics to be used to measure the outcomes of the change in pathways

Are there any Resource Implications (including Financial, Staffing etc)?

- The proposed profile of capacity will require a change in the skill mix of staffing to support delivery with the shift to increased therapy support outside of hospital.

- The model is affordable and the current financial assessment suggests that the cost of the provision as proposed would be approximately £300k less (per full year) than costs of the current arrangements.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

The Data Protection Impact Assessment screening proforma has been completed reviewed and signed off (Ref 066). No stage 2 process was required.

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

A Quality Impact Assessment was completed in May and assessed as Moderate Risk. The issues raised were:

- Engagement (public, and stakeholders especially local clinical leaders)
- Operational impact if staff need to be recruited and trained
- Potential impact on patient / carer travel.

The proposed engagement is the key mitigation for these issues and will help identify the impacts more clearly. In addition the potential operational concerns will be addressed through more detailed implementation planning.

Following engagement and operational planning the QIA has been refreshed. It was determined that there were no amendments required as a result of the engagement and so it was not reconsidered by the Panel.

Has an Equality Impact Assessment (EIA) been completed? What were the findings?

- Completed at an early stage of consideration.

- Key outcomes 'positive impact on care of the frail elderly will result from

this.'

- It was noted that some areas within Erewash have higher than Derbyshire averages for income deprivation and poverty levels. This will need to be considered within the patient experience project.

- Following the engagement and operational planning the EIA has been refreshed. It was determined that there were no amendments required as a result of the engagement and so it was not reconsidered by the Panel.

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below

As above

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below

There has been a 60 period of engagement from 27th June to 26th August 2019. Detailed findings can be found in the Engagement Report attached to this report and is summarised within the GB paper.

Have any Conflicts of Interest been identified/ actions taken?

It is identified that two practices in Erewash are contracted to provide clinical support to the Ilkeston Hospital wards and therefore have a direct financial benefit to be taken into account. Other Erewash GPs may indicate that they have an indirect benefit. The appropriate action in line with the CCG policy for managing conflicts of interest will be applied.

Governing Body Assurance Framework

- Reduce Health Inequalities by improving the physical and mental health of the people of Derby & Derbyshire
- Take the Strategic lead in planning and Commissioning care for the population of Derby & Derbyshire
- Make best use of available resources

Identification of Key Risks

Potential Operational Risks	Mitigations
1. Changes in demand which change the original assumptions / basis of the capacity required modelling including: Occupancy of the Pathway 2 (P2) beds falls below 85%. Length of stay for Pathway 2 beds is	• DCC send monthly reporting figures for all the Pathway 2 beds. 85% bed occupancy is a KPI. Locally KPI outcomes will be monitored through the 'Erewash Operational Delivery Group' led by the CCG with all key

above 14 days and / or length of stay in Pathway 3 (P3) beds is above 18 days	stakeholders within Erewash. Social care led 'Community Support bed Quality sub group' has been created to improve system wide flow into the pathway 2 beds. This feeds into the Operational Resilience Group (ORG).
2. There is insufficient pathway 1 capacity for patients to return home with a package of care	• Social care have committed to extra provision for Pathway 2 within Erewash as a part of this project. Failure to meet the system patient need for social care provision would be addressed through the ORG.
3. D2A modelling of 60:30:10 for P1:P2:P3 is not realised	• The bed modelling for the project was based on forecast bed usage. Current reporting of actual patients discharged on a D2A pathway from RDH or CRH (Discharge to Assess) is now available through 'track and triage'. These actual numbers have been remodelled to ensure that there is sufficient bed provision based on the 60:30:10 ratio for discharges.
4. GP cover is until April 2020, on-going GP cover will be required after this date	• GP cover for the beds, through DCHS, has been agreed until the end of April 2020. Continued GP cover will be agreed ahead of January 2020 after the GP has reviewed service requirements.
5. Patients might refuse to be transferred into a pathway 2 bed and ask to be treated at ICH	• There is a 'Patient choice' process that is enacted on acute discharge of a patient to the level of care that meets their needs. This should be used as a final resort once options and reasons have been clearly explained face to face to patients and their families.

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Derby and Derbyshire Governing Body - 5th September 2019

Engagement Feedback on the Re-design of Clinical Pathways to support hospital discharge - Erewash

Executive Summary

In June 2019 the Governing Body (GB) agreed to support in principle the proposal to make changes to the commissioned capacity in the Erewash area to better meet community rehabilitation needs, subject to the outcome of a 60 day period of engagement. The purpose of the engagement was to explore the views and perceived impacts from a public perspective of the proposed changes (including patients and carers) which would be openly and transparently considered by the GB in September.

The changes proposed include a decrease in the number of community hospital beds (P3) due to increased provision of beds in a local authority care home with additional care staff and health input to support rehabilitation (P2), plus ensuring there is sufficient support for people able to go home with health and social care input (P1).

Summary of issues raised through the engagement and CCG responses

The main issues raised during the engagement can be described in 5 key themes:

Theme 1 – Concern that the changes would not deliver the right kind of care for people of Erewash because the evidence did not support the change, that the modelling used would not deliver the number of beds required to meet demand, and that the changes would mean that the hospital would close

CCG response to theme 1 – The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. There is no intention to close Ilkeston Hospital.

Theme 2 – Concerns over the failure to implement the changes and mistrust of the CCG to deliver the changes and mistrust of the CCGs motives for the changes.

CCG response to theme 2 – The NHS and Social Care providers have confirmed with the CCG that all plans are in place and that they are ready to deliver the changes from September 8th 2019 subject to agreement by the GB. The reason for the change continues to be to ensure patients are discharged to the right place at the right time to meet their needs. Continued communication to all key stakeholders and the public in Erewash will be provided in order to help people to understand the changes, benefits of the pathways and to build trust in the services.

Theme 3 – Concerns about the P2 beds, in particular about the quality of care and location.

CCG response to theme 3 - The quality of the care home beds will be regularly monitored by Derbyshire County Council. External review is also carried out regularly by the Care Quality Commission (CQC). It is recognised that distance and travel may be a concern for some people. However, it is not always possible to give everyone their preferred option of location and the clinical view is that it is better for the patient to be placed in the most

appropriate facility to meet their needs rather than be in the facility that does not best meet their needs but is based in a preferred location,

Theme 4 – Concerns about the ability of social care to deliver the required care packages and concerns of exacerbating loneliness in frail elderly population

CCG response to theme 4 - The model includes an increase of both social care staff and therapists in the community in order to deliver the changes to Pathway 1 care. Each patient will have their own care plan which will ensure that peoples' needs are met.

Theme 5 – Concerns that people would not be able to choose end of life care at Ilkeston Hospital.

CCG response to theme 5 - If a patient is in the last few days of life and if the patient understands other options, such as home care, but wishes to stay at Ilkeston Community Hospital then there is the facility for that patient to receive end of life care at ICH.

Positive Views

Comments in favour of the changes were also received. It was seen that many people who attended the drop-in or attended the PPG meeting, once they had spent time listening and asking questions about the changes, agreed with the proposed changes. One patient representative recalled, 'I healed much more quickly at home; I prefer my own bugs!'

Recommendation to GB (subject to Engagement Committee feedback being shared at GB)

Having carefully considered the feedback gathered through the engagement, the CCG believes that there are sufficient mitigations in place to address the issues raised. We have clear plans to continuously monitor and ensure the changes deliver the planned outcomes through the Erewash Operational delivery group and the Patient Experience Project and therefore we are recommending that the GB supports the proposed changes being implemented.

1. Purpose of the report

This report alongside the Engagement Report (see appendix A) provides the Governing Body (GB) with the outcomes of the engagement. It also provides an update on the operational readiness to implement the changes and describes the mitigations in place to provide assurance.

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2. Background

The overall ambition remains to ensure that we have the right services available in the right place to meet the needs of people discharged from acute hospital care who are not able to go straight home without additional rehabilitation or support. By ensuring care is delivered according to people's needs and in the right settings people will have the best health outcomes, be kept safe and independent and wherever possible, at home.

3. Planned change

The 6 June GB paper proposed to make changes to the commissioned capacity in the Erewash area to better meet community rehabilitation needs. The changes are:

- An increase in capacity to support people at home (40 care packages available per month : Pathway 1)
- An increase in Pathway 2 beds or community support bed provision (to 8 beds)
- A reduction in the number of Pathway 3 beds at Ilkeston Community Hospital (To 16 beds with 'flex' to 18 available at times of increased demand)

Details of the pathways are listed below

Pathway 1 (P1) is care and rehabilitation provided **at home** by an integrated community team

Pathway 2 (P2) is managed by social care with medical oversight from an Advanced Care Practitioner with GP supervision, in **a less medicalised setting** where patients are able to demonstrate greater independence and mobility, with input from therapist and community nursing teams to meet any ongoing health needs

Pathway 3 (P3) is nurse-led, as patients have 24 hour nursing needs as well as requiring rehabilitation input.

a. Integrated Community Team (Pathway 1)

To be able to increase the number of patients supported at home (pathway 1) and to provide therapy support to the other pathways, our proposals include commissioning an appropriate number of therapy staff to ensure the health rehabilitation needs can be met.

We wish to support an approach whereby nursing and therapy teams are able to respond to needs and can flex during the busiest times by reprioritising the routine and urgent workloads of the teams. In addition if they work across services that can support the transition of patients who may move from hospital into the community and vice versa.

There is significant planning and service improvement between health and social care, across the city and county which is focussed on making the best use of all facilities and ensuring patients can move quickly and easily between settings and services and aren't delayed. This work includes activities such as early planning for discharge to identify and plan for ongoing needs, flexing capacity and more intensively tracking data to predict demand. These actions will support reducing lengths of stay and enable even more patients to be cared for within the same resources. We believe that the changes proposed in this paper support the ongoing delivery of this work.

b. Community Support Beds (Pathway 2 Beds)

Community support beds (P2) have 3 elements which distinguish them from standard care home beds. They have:

- Enhanced social staffing ratios with a focus on re-ablement
- Therapy input to support physical rehabilitation
- Additional clinical cover in the form of Advanced Clinical Practitioners supported by a General Practice with whom the patient is temporarily registered.

When considering future commissioning options, to put the right capacity in the right places to meet patient need, the CCG has been keen to work in partnership with the local authority to develop integrated and flexible services and make the best use of public estate. Options have been explored working closely with Derbyshire County Council and the option planned is Ladycross House Care Home. This facility was chosen following an options appraisal of four local authority run beds within the Erewash area. Ladycross has the capacity to house 8 pathway 2 beds on a separate wing, it is central to the Erewash area, and had staffing and equipment in place to deliver the rehabilitation required. Other facilities did not have the capacity to take on extra beds. It is anticipated that the location of Ladycross is a short term solution while the local authority review their bed provision.

Derbyshire County Council is also finalising proposals for a purpose built facility in the Ilkeston area to replace some of the existing adult social care bed provision. It is planned to be opened in 2022. The CCG will continue to consider the best location for the P2 beds in the future.

A reduction in the community hospital beds (as set out in section c below), would release the Advanced Clinical Practitioner (ACP) capacity to be able to support the community support

beds. Agreements have been secured with the 2 GP practices that currently support the hospital beds. Littlewick GP Practice has agreed to transfer their responsibilities to provide medical input for the community support beds and supervision of the ACP and Station Road GP Surgery will continue to maintain the effective clinical team on the wards. Patients admitted to Ladycross care home will temporarily register at Littlewick GP Practice, so that there is a named practice for their clinical cover throughout their stay. Once they return home they will return to the care of their usual GP.

c. Community Hospital Beds (Pathway 3 Beds)

It is proposed that a full ward of 16 beds be commissioned at Ilkeston Community Hospital (ICH), with the ability to flex up to 18 beds during times of increased demand. Modelling which was shared with GB in June 2019 is shown below. This modelling is based on 85% occupancy and 14 days Length of Stay in a pathway 2 bed, and 18 day Length of Stay in a P3 bed.

Type	Modelled Requirement	Capacity 2018	Current capacity	Proposed capacity
P1 (home)	29-40 new patients per month	Average 27 'slots' per month	27	37
P2 (support bed)	10 beds	3*	3 **	11
P3 (hospital bed)	12 beds (monthly requirement varied across year 9-19 beds, only one exceptional month at upper end)	32	24	16 - 18

* Beds available at Florence Shipley in Amber Valley

**There have been 4 additional beds at Ladycross in Erewash with additional social care support but not the full community support bed model which is proposed

The hospital is currently operating with 22 beds. Previously there were 32 beds; however 8 were temporarily closed by the Community Provider Derbyshire Community Health Services NHS Foundation Trust (DCHS) in December 2018 due to operational staffing difficulties at that time. On 1st August, DCHS contacted the CCG to ask for a further temporary change to the wards, again due to operational staffing difficulties. Since then the 24 beds commissioned for Erewash patients are being provided on 2 sites as Ilkeston is unable to safely staff all 24 beds. Therefore, the ward at Ilkeston Hospital is currently providing 22 beds and 2 further beds are being provided at Ripley Hospital. The CCG Nursing and Quality Directorate are fully involved with this temporary change and since the 1st August are monitoring patient safety levels closely through weekly calls between CCG and DCHS to review the position.

4. Engagement Methodology

DDCCG recognises the importance of ensuring public, staff, patients and the wider Ilkeston community are informed about and involved in the development of health services in their area. The CCG carried out a 60 day period of engagement from 27th June 2019 until 26th August 2019. The engagement approach consisted of the following elements:

- (Pre and during engagement period) Spoke with key stakeholders prior to the start of the engagement period to help shape the engagement methodology and material
- Published engagement documents via the DDCCG website and the sharing of these documents with key stakeholders (see target audiences),
- Used a range of distribution methods including:
    - briefings, email, post, telephone and face to face
- Provided a questionnaire for people to fill in either on-line or via paper copy
- Ran a digital/media campaign including social media, events, and press releases
- Developed an enquiries log
- Held engagement events including drop in sessions and PPG meeting
- Communicated with all staff about the engagement methods
- Distributed the engagement materials to key venues i.e. GP surgeries
- Responded to individual requests from groups to attend their meetings

4.1 Target audiences

A full stakeholder list was recorded and can be seen in the engagement report (Appendix A). Below is a summary of the key stakeholder groups involved in the engagement:

- Ilkeston residents and patients (and surrounding areas)
- Ilkeston GP community and pharmacists
- Ilkeston Patient Participation Group Chairs
- Key local stakeholders: Councillors, MPs, Healthwatch and Derbyshire County Council
- DCHS staff and tenants
- Ilkeston Hospital League Of Friends
- Derbyshire County Council Adult Services Staff
- Local Community Groups in Ilkeston (Council for Voluntary Services and other voluntary groups)
- Erewash Borough Council
- Campaigning groups

4.2 Level of Response

Engagement Method	No. of responses/or people attending/or no. of organisations on distribution list
Engagement Shaping (Pre and during engagement period) • **Engagement Committee** • **QEIA Panel** • **Erewash Quest Event (attended by Erewash GPs)** • **Individual Erewash GPs email** • **Erewash Place Alliance** • **Implementation Planning Meeting**	15 members 6 Panel Members **(2 sessions)** 40 GPs and Surgery staff **(1 session)** 4 GP's responded 15 members **(3 sessions)** 10 system wide partner representatives **(6 sessions)**
Distribution of engagement material	All Erewash GP practices Patient and Participation Groups (PPGs) linked to GP surgeries Ilkeston Hospital League of Friends Over 37 voluntary sector groups and community organisations All local Councillors MPs and Parliamentary candidates Local Pharmacies Over 10 partner agencies
Questionnaire • on-line, paper copy	30 completed surveys
Public and staff Drop-in sessions • 15th July 2019 • 29th July 2019 • 12th August 2019	In total: 26 public attended 5 staff attended
PPG Meeting • 19th August 2019	9 PPG members (public) attended
Enquiry Log	6 enquiries
GB Questions	9 questions raised to GB
Invitation to Campaigners' public meeting • 8th August 2019	At least 70 members of the public attended

5. Engagement Feedback Summary

5.1 Key Themes

People who took part in the engagement expressed that they highly valued their NHS services and in particular wanted to ensure that ICH remained open for Ilkeston people to use. The responses were rich and varied and a small group felt strongly enough to organise their own meetings and arrange campaigning events. Below is a summary of the key concerns and gives mitigations required. For a full account of all of the responses please read Appendix A – Public Engagement Report.)Outlined below is an overall summary of the key concerns gathered from across the engagement methods with the corresponding mitigations.

Key themes	Suggested Mitigations
Theme 1 – Concern that the changes would not deliver the right kind of care for people of Erewash because the evidence did not support the change, that the modelling used would not deliver the number of beds required to meet demand, and that the changes would mean that the hospital would close	**CCG response to theme 1** – The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. There is no intention to close Ilkeston Hospital.
Theme 2 – Concerns over the failure to implement the changes and mistrust of the CCG to deliver the changes and mistrust of the CCGs motives for the changes.	**CCG response to theme 2** – The NHS and Social Care providers have confirmed with the CCG that all plans are in place and that they are ready to deliver the changes from September 9th 2019 subject to agreement by the GB. The reason for the change continues to be to ensure patients are discharged to the right place at the right time to meet their needs.
Theme 3 – Concerns about the P2 beds, in particular about the quality of care and location	**CCG response to theme 3** - The quality of the care home beds will be regularly monitored by Derbyshire County Council External review is also carried out regularly by the Care Quality Commission (CQC). It is recognised that distance and travel may be a concern for some people. However, it is not always possible to give everyone their preferred option of location and the clinical view is that it is better for the patient to be placed in the most appropriate facility to meet their needs than be in the

	facility that does not best meet their needs but be based in a preferred location, A Review of transport arrangements to understand and promote the availability of support for any patient, relative or carer unable to travel from Ilkeston to Sandiacre will be undertaken Also Derbyshire County Council are in the process of rebuilding a new care home on the site of Hazelwood which is in Ilkeston. This is due to be completed in 2021 and there would be an opportunity to for the P2 beds to in the future be delivered from this new facility. The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor Ladycross against the KPIs for performance and quality set out in the service specification (including measures looking at activity, capacity, patient flow, staffing, safety, patient outcomes and patient experience, detailed in Appendix B)
Theme 4 – Concerns about the ability of social care to deliver the required care packages and concerns of exacerbating loneliness in frail elderly population	**CCG response to theme 4 -** The model includes an increase of both social care staff and therapists in the community in order to deliver the changes to Pathway 1 care. Each patient will have their own care plan which will ensure that peoples' needs are met. The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor P1 delivery against the KPIs for performance and quality set out in the service specification Key stakeholders for this group have been agreed (RDH, NGH, Social Care, DCHS, CCG, primary care) Patient Experience process to monitor people's experience of the different pathways has been set up and will be led by the CCG Patient Experience Team along with the PALs teams in DCHS and DCC. The issue of loneliness will be particularly monitored through this

	process.
Theme 5 – Concerns that people would not be able to choose end of life care at Ilkeston Hospital.	**CCG response to theme 5 -** If a patient is in the last few days of life and if the patient understands other options, such as home care, but wishes to stay at Ilkeston Community Hospital then there is the facility for that patient to receive end of life care at ICH.

5.2 Additional Themes

Additional Themes	Suggested Mitigations
Theme 6 People asked why the P2 beds could not be housed in the hospital	**CCG response to theme 6 -** The Regulators, CQC, would not allow care home beds (social care run) to be sited in the same building as a hospital (NHS facility).
Theme 7 People felt that the changes were significant enough to warrant a full consultation. A few other people questioned the timings of the drop-in sessions and suggested that 2-6 was not a good time for most people to attend.	**CCG responses to theme 7 -** The matter of consultation vs engagement is outlined in the CCG's Governing Body papers from 6 June 2019. A provision of pathway 3 beds will be retained at Ilkeston Community Hospital so the service is still available. It was therefore deemed that this was not a significant service change. The CCG provided a range of ways in which people could participate in the engagement including an online survey and email enquiry and attended 2 evening meetings (a public meeting and a separate PPG meeting)
Theme 8 People asked if only Ilkeston patients would be able to use Ilkeston beds?	**CCG responses to theme 8 -** Patients from Ilkeston will be able to access P3 beds located at any of the community hospital across Derbyshire dependent on patient choice and bed availability.
Theme 9 People were concerned with the void space left vacant through reducing capacity at ICH from two wards to one ward and wanted to	**CCG responses to theme 9 -** DCHS is clear that the most important and immediate priority is to ensure that the changes are implemented in line with the commitments made before any plans are

know what would happen to it?	made around future use of the space. There is potential to accommodate other clinical services in the space as other areas in the hospital are refurbished, but this will need to be considered in more detail over the coming weeks and months.
Theme 10 How will the service in Erewash be evaluated – does it meet patient needs?	**CCG responses to theme 10 -** DDCCG have commissioned a project to evaluate patient experiences of pathway 2 provision across Derbyshire. Quantitative data of patient flow will be reviewed in the Erewash operational delivery group and reported every quarter. (See appendix B)

6. QIA / EIA Feedback

The QIA and EIA outcomes were first reviewed on 27th February 2019 and subsequently reviewed on 27th August 2019 to reflect any further issues or risks identified during the engagement period. No further or increased risks were identified.

The original QIA and EIA issues remain unchanged and are outlined below:

The EIA had one action listed, to 'Include demographic questionnaire as part of the engagement'. This action has been completed. (See Engagement Report – Appendix 10) **The QIA rating identified the project as 'Moderate Risk'. The main risk areas are outlined below with mitigation**

Criteria / risk	Mitigation
Limited clinical leadership available	The CCG Medical Director is providing the Clinical leadership
Limited clinical engagement	All Erewash GPs have been engaged. Attendance at Erewash Place board, local GP Quest event and PPG meetings were all received well. An offer to attend any other meetings to discuss the changes was made.
Negative impact on service reputation / media coverage likely	Healthy level of engagement and challenge with the public. Open door policy for members of the public to speak face to face with CCG at 3 events. Some negative publicity has been seen on Facebook and local media.
Impact on staff currently employed at Ilkeston Community Hospital	DCHS have conducted a thorough process of change for all staff at ICH. This has resulted in strong communication of the shift of service provision, with excellent engagement from staff

Staff moving from ICH into the community will not have experience of working in this setting	DCHS have undertaken staff training to enable staff to be supported in working in the community setting.

7. Readiness to mobilise pathway changes

Assurance can be given to the GB that all services are now ready to start delivering the changes outlined in this paper. A joint implementation group has been regularly meeting over the last 8 months to ensure all agencies (DCHS, DCC, Primary Care and the CCG) have the necessary planning in place to mobilise the changes after the outcome of the engagement is confirmed and dependent on the decision from the GB. The following pathways are ready to be mobilised from 9th September 2019 as summarised below:

- **Community and therapy input (P1)**
  - Therapy input to support physical rehabilitation in people's on own homes is in place (DCHS);
  - Social care packages in place (DCC)

- **Community Support Beds (P2)**
  - Enhanced social staffing ratios in place (DCC);
  - 8 en-suite bedrooms ready for occupation (DCC)
  - Therapy input to support physical rehabilitation in place (DCHS);
  - Additional clinical cover in form of Advanced Clinical Practitioner in place (DCHS)
  - General Practice arrangements fully agreed to support the ACP and to temporarily register patients (Littlewick Medical Centre- GP practice)

- **Community Hospital beds (P3)**
  - Affected staff have been engaged and are ready to move to their new roles either within ICH, move to another P3 facility or to join the integrated community team. (DCHS)
  - GP cover to ICH will continue with Station Road Surgery providing the medical input to patients on the ICH ward (Station Road Surgery – GP practice)

8. Identified Operational Risks and Mitigations

The main operational risk is listed below along with the mitigations in place.

Potential operational Risks	Suggested Mitigations
1. Changes in demand which change the original assumptions / basis of the capacity required modelling including: Occupancy of the Pathway 2 (P2) beds falls below 85%. Length of stay for Pathway 2 beds is above 14 days and / or length of stay in Pathway 3 (P3) beds is above 18 days	• DCC send monthly reporting figures for all the Pathway 2 beds. 85% bed occupancy is a KPI. Locally KPI outcomes will be monitored through the 'Erewash Operational Delivery Group' led by the CCG with all key stakeholders within Erewash. Social care led 'Community Support bed Quality sub group' has been created to improve system wide flow into the pathway 2 beds. This feeds into the Operational Resilience Group (ORG).
2. There is insufficient pathway 1 capacity for patients to return home with a package of care	• Social care have committed to extra provision for Pathway 2 within Erewash as a part of this project. Failure to meet the system patient need for social care provision would be addressed through the ORG.
3. D2A modelling of 60:30:10 for P1:P2:P3 is not realised	• The bed modelling for the project was based on forecast bed usage. Current reporting of actual patients discharged on a D2A pathway from RDH or CRH (Discharge to Assess) is now available through 'track and triage'. These actual numbers have been remodelled to ensure that there is sufficient bed provision based on the 60:30:10 ratio for discharges.
4. GP cover is until April 2020, on-going GP cover will be required after this date	• GP cover for the beds, through DCHS, has been agreed until the end of April 2020. Continued GP

	cover will be agreed ahead of January 2020 after the GP has reviewed service requirements.
5. Patients might refuse to be transferred into a pathway 2 bed and ask to be treated at ICH	• There is a 'Patient choice' process that is enacted on acute discharge of a patient to the level of care that meets their needs. This should be used as a final resort once options and reasons have been clearly explained face to face to patients and their families.

9. Recommendations (subject to Engagement Committee feedback being shared at GB)

Recommendation 1

Having carefully considered the feedback gathered through the engagement, the CCG believes that there are sufficient mitigations in place to address the issues raised. We have clear plans to continuously monitor and ensure the changes deliver the planned outcomes through the Erewash Operational delivery group and the Patient Experience Project and therefore we are recommending that the GB supports the proposed changes being implemented.

Recommendation 2

That the GB receive an implementation update report in 6 months' time which provides an update on the patient experience project and KPIs/metrics and outcome measures for the pathway changes illustrating people's experiences of the 3 pathways, length of stay, occupancy rates and outcomes for patients of the pathways. (See Appendix B)

10. Next Steps

If supported by the Governing Body the following actions will be taken:

a) Mobilise delivery plan from 9th September 2019 onwards
b) Review the impact of the changes and report back to GB in 6 months after start of implementation.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Changing the provision of community rehabilitation in Erewash

Public Engagement Report

Contents

Executive Summary

NHS Derby and Derbyshire Clinical Commissioning Group launched a 60 day period of engagement on 27 June 2019 to enable people to share their views on our plans to change the model of community discharge and care in Erewash. The main aim was to help us to understand any unforeseen issues in implementing the proposed changes which had received Governing Body (GB) support to enter a period of engagement for in June 2019.

Our Engagement Programme

Engagement Method	No. of responses/or people attending/or no. of organisations on distribution list
Engagement Shaping (Pre and during engagement period) • **Engagement Committee** • **QEIA Panel** • **Erewash Quest Event (attended by Erewash GPs)** • **Individual Erewash GPs email** • **Erewash Place Alliance** • **Implementation Planning Meeting**	 15 members 6 Panel Members **(2 sessions)** 40 GPs and Surgery staff **(1 session)** 4 GP's responded 15 members **(3 sessions)** 10 system wide partner representatives **(6 sessions)**
Distribution of engagement material	All Erewash GP practices Patient and Participation Groups (PPGs) linked to GP surgeries Ilkeston Hospital League of Friends Over 37 voluntary sector groups and community organisations All local Councillors MPs and Parliamentary candidates Local Pharmacies Over 10 partner agencies
Questionnaire • on-line, paper copy	 30 completed surveys
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Enquiry Log	6 enquiries
GB Questions	9 questions raised to GB
Invitation to Campaigners' public meeting • 8th August 2019	 At least 70 members of the public attended

What People Said and What We Will Do Next

From analysis of all of the feedback received, it is clear to see that:

- There is concern that Ilkeston Community Hospital may close
- There are misconceptions around the planned change and what this means
- There is concern that the model will not fully meet people's needs
- There is concern that the evidence does not support the change
- There is concern that the different pathways of care described do not offer enough support and that a hospital bed is needed
- There is concern that change is based on finances and not an improvement in model of care
- There is a lack of understanding or belief that the models of care will work
- There is concern about transport for patients and relatives needing to receive care in Sandiacre
- There is a suggestion that the CCG should have consulted, rather than engaged as there are views expressed that this is a significant service change.

Ten themes have emerged from the feedback from local people and these are contained in the Conclusion section, along with the Clinical Commissioning Group response.

Introduction

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all health partners, including hospitals, community services and GPs to commission the health care our local population needs. The Strategic Objectives of NHS Derby and Derbyshire CCG are:

1. To reduce our health inequalities and improve the physical health, mental health and wellbeing of our population.
2. To reduce unwarranted variation in the quality of healthcare delivered across Derbyshire.
3. To plan and commission quality healthcare that meets the needs of our population and improves its outcomes.
4. To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards.
5. Work in partnership with stakeholders and with our population

This report explains the work we have done to engage our stakeholders including the public, specifically the Erewash community, including the feedback we have gathered and analysed through the engagement period in relation to hospital discharge processes in the Erewash area, particularly Ilkeston.

We recognise the importance of ensuring public, staff, patients and the wider Ilkeston community are informed about and involved in the development of health services in their area, so we launched a 60 day period of engagement on 27 June 2019 which lasted until 26th August to enable people to share their views on our plan. The main aim is to help us to understand any unforeseen issues in implementing the planned changes. The Governing Body will consider the engagement feedback at its meeting held in public on 5th September 2019.

Background

The Derbyshire STP (Joined Up Care Derbyshire) has highlighted that the local system is overly reliant on bed based care. Whilst we know that good care is provided in the individual settings, elderly patients sometimes spend too long in bed based care causing physical, psychological, cognitive and social deconditioning resulting in lost independence.

One of the STP's clear aspirations is to ensure that the '*right care is provided in the right setting by the right people'….that patients 'flow' effectively through their care pathway and are supported to stay at or near home wherever possible and return to safely living independently at home following a stay in hospital.*

This view is acknowledged and jointly agreed by all statutory and non-statutory social, health, voluntary and independent organisations across the whole system.

We want to ensure that we have the right services in place to meet the needs of people discharged from acute hospital care who are not able to go straight home without additional rehabilitation or support. Ensuring care is delivered in the right settings and with the right care according to patients' needs supports people to have the best health outcomes, keeps them safe and independent and care for them wherever possible, at home.

The rationale for these changes was presented to the public session of the NHS Derby and Derbyshire CCG Governing Body on 6 June 2019 and seeks to support enhanced discharge at the optimum time in a patients' pathway of care to have maximum impact on their ability to recover functionality after a hospital stay.

Governance

Equality Impact Assessment (EIA)

Due regard (Equality Analysis) is an on-going proactive process which requires the use of information about the effect our decisions are likely to have on local communities, service users and employees, particularly those who are most vulnerable or at risk or disadvantage.

The Equality Impact Assessment (EIA) did not identify any significant impacts specifically on any of the protected characteristic groups.

Quality Impact Assessment (QIA)

A Quality Impact Assessment (QIA) is similar to an Equality Impact Assessment in that it is looking for any positive or negative impacts in a service change or development. The formal process of QIAs ensures that the needs of the patient both from a clinical and experience viewpoint are considered.
The main point to note from this project's QIA is that there were no specific issues identified in the quality of the service planned. However, it was noted that the Derbyshire Community Health Service staff engagement in this change was vital to ensure the design and delivery of services would work.

The Quality and Equality Impact Assessments can be found in Appendix 1 and 2 of this report.

Developing the approach

The plans for changing the provision of community rehabilitation in Erewash have been subjected to the following engagement and governance processes to help shape and seek agreement with the direction of travel for this project:

Date	Meeting	Action
5th February and 7th March 2019	Erewash GP representatives	Discussion re Ladycross medical cover (short term) 5/2 (SG / EP) Follow up conversation with AB / EP (7/3) Offer made for CCG to attend QUEST event on 10th July

6th March 2019	QEIA panel	
12th March 2019	QEIA panel	
9th May 2019	Email sent to all Erewash GPs to update on progress to date with project and decision to open up pathway 2 beds, closing ICH beds asking for feedback / questions	Responses received from four GPs
5th June 2019	CCG Engagement Committee	For members of the committee to review public-facing materials
6th June 2019	CCG Governing	Agreement in principle to commence engagement programme
20th June 2019	Place Alliance meeting	- Voluntary sector representatives - Housing representatives - Derbyshire Health United (111 and out of hours service) - Local Authority (Adult Social Care) - Primary Care Network / primary care representation - Derbyshire Community Health Services (community care provider including the running Ilkeston Hospital) - Public Health - East Midlands Ambulance Service
10th July 2019	Erewash Quest event attended by Erewash GPs	Presentation given by Jo Warburton and Louise Swain
18 July 2019	Erewash Place Alliance meeting	- Voluntary sector representatives - Housing representatives - Derbyshire Health United (111 and out of hours service) - Local Authority (Adult Social Care) - Primary Care Network / primary care representation - Derbyshire Community Health Services (community care provider including the running Ilkeston Hospital) - Public Health - East Midlands Ambulance Service
15th August 2019	Erewash Place Alliance meeting	- Voluntary sector representatives - Housing representatives - Derbyshire Health United (111 and out of hours service) - Local Authority (Adult Social Care) - Primary Care Network / primary care representation - Derbyshire Community Health Services (community care provider including the running Ilkeston

		Hospital) - Public Health - East Midlands Ambulance Service

As part of agreed Governance processes within NHS Derby and Derbyshire Clinical Commissioning Group, the Engagement Committee has been fully briefed on this project. The Terms of Reference of the Engagement Committee includes the following elements:

- Ensure any service changes and plans are developed and delivered through effective engagement with those affected by change and that patients, carers and the public are at the centre of shaping the future of health and care in Derbyshire;
- Provide a lay forum within which discussions can take place to assess levels of assurance and risk in relation to the delivery of statutory duties in public and patient involvement and consultation, as defined within the Health & Social Care Act 2012;
- Retain a focus on the need for engagement in strategic priorities and programmes, to ensure the local health system is developing robust processes in the discharging of duties relating to involvement and consultation;
- Provide update reports to the CCG's Governing Body on assurance and risk; and on the delivery of duties and activities relating to patient and public engagement and involvement;
- Champion Patient and Public Involvement in all processes relating to CCG decisions.

The CCG Engagement Committee reviewed information relating to this project at the meeting on 5th June 2019. Members of the committee supported the development and review of the public facing information. The Engagement Committee will receive this report at its meeting on 4th September 2019 for assurance on the processes followed to deliver an engagement programme and to provide recommendations to the CCG Governing Body meeting on 5th September 2019.

The following additional steps were taken to provide assurance on the project's case for change, methodology and process:

- NHS England Regional Team– 24th May – indicated they were content with an engagement approach following recent precedent, requiring assurance that partners at the A&E delivery board supported the planned changes.
- A&E Delivery Board - 30th May – supported the change in the way rehabilitation delivered in Erewash. Agreement was recorded from representatives across the health system.
- Improvement and Scrutiny Committee - 15th July 2019 received a presentation on the scheme's case for change and engagement approach.

Engagement Methodology and Outputs

NHS Derby and Derbyshire CCG recognises the importance of ensuring public, staff, patients and the wider Ilkeston community are informed and involved in the development of health services in their area. The CCG commenced a period of engagement from 27th June 2019 for duration of 60 days, closing on 26th August 2019.

The engagement approach aimed to maximise the information available to people potentially affected by the change to gather a range of views. The approach consisted of the following elements:

- Engagement launch and publication of the engagement documents via the DDCCG website
- Utilising a survey to gather views in a consistent manner, but with opportunity for respondents to raise further issues by free text (see Appendix 3)
- Sharing of the engagement documents (see Appendix 4) with key stakeholders (see target audiences), using a range of distribution methods including briefings, email, post, survey, telephone and face to face
- Launch of the digital/media campaign including social media, events, press release
- Publishing of intranet articles and homepage carousel
- Development of an enquiries log
- Holding engagement events including drop in sessions and public meeting
- Communicating with all staff about the engagement methods
- Distribution of materials to key venues
- Analysis of the feedback

The aim of the engagement was to explore the impact of implementing changes in the provision of community rehabilitation in the Erewash area and to understand any unforeseen issues in implementing the planned changes to see how these might be mitigated.

Distribution of information

GP Practices were contacted directly to be updated and also asked to display a poster about the engagement sessions in their waiting rooms to invite their patients to attend.

Key stakeholders

Emails (or letters when an email was not obtainable) were sent directly to the below stakeholder groups, a copy of this letter can be found in Appendix 5.

In addition, materials were distributed via the following methods:

- **Via Derbyshire health and care system Communications colleagues**
  - Derbyshire County Council, in addition to the following council groups:
    - Derbyshire County Council Adult care

    - Derbyshire County Council 50+ Forums
    - Derbyshire County Council adult care
    - Derbyshire County Council Public Health
  - Derbyshire Community Health Services NHS Foundation Trust
  - University Hospitals of Derby and Burton NHS Foundation Trust
  - Derbyshire Health United (Out of Hours GP service)
  - Derbyshire Healthcare NHS Foundation Trust
  - East Midlands Ambulance Service
  - Nottingham University Hospitals NHS Foundation Trust

- **GP Practice managers**

- **All local Councillors** (direct email to published accounts)

- **Erewash MP**

- **Local Pharmacies**

- **Patient Participation Group Chairs** (GP Practice patient groups)

- **Ilkeston Hospital League of Friends**

- **Voluntary sector organisations:**
  - Breathe Easy Ilkeston
  - Bright Street Project CIC
  - Learning Disability Partnership Board Family Carers
  - Red Cross Heanor
  - Touchwood Centre
  - Homestart
  - 50 Plus Forums
  - Canaan Trust Long Eaton
  - Erewash Voluntary Action CVS
  - Indian Community Association Long Eaton
  - Princes Trust Team Programme
  - Homeless Uk
  - Action Housing and support
  - Derbyshire Carers Association - Ilkeston
  - Derbyshire Carers Association – Long Eaton
  - Ilkeston Carers
  - SSAFA Forces Help
  - Memory Lane
  - Clare DEBP
  - Citizens Advice Bureau
  - AB
  - Wash Arts
  - SSAFA Forces Help
  - Memory Lane
  - Derbyshire Education Business Partnership Ltd
  - Derventio Housing
  - East Midlands Homes
  - Enable Housing Association
  - P3 – Erewash
  - Stonham - Brook House (Derbyshire)
  - Idecide
  - Derbyshire Autism Services Group
  - Erewash Community Transport
  - Indian Community Association
  - Royal British Legion – Ilkeston Branch
  - Royal British Legion – Long Eaton Branch
  - Royal Air Force Association, Erewash Branch

Drop in sessions

Three drop in sessions were held at Charnos Hall, Ilkeston and took place on the following dates:

15th July: 2pm – 6pm
29th July: 2pm – 6pm
12th August: 2pm – 6pm

In total 26 members of the public and 5 staff attended the drop in sessions and feedback received has been included in the themes below.

Patient Participation Group meeting

A session for PPGs and Practice staff was also held at Charnos Hall on the evening of 19th August from 6pm until 7pm. Nine PPG members attended this session following an email invitation that was issued to all Erewash PPG chairs. A presentation was given at this meeting which can be found at Appendix 6. Feedback received has been included in the themes below.

Media

NHS Derby and Derbyshire issued a press release alerting local media to the engagement in Erewash on 1 August 2019. There has been media coverage both before and during the engagement. Please see **Appendix 7** for clippings of the media coverage. The clippings reflect largely the activity of the local campaign group, with balancing comments from CCG sources.

Overall, the media coverage was fair, but misrepresented the commitment from the CCG that beds would not be replaced at Ilkeston Hospital until alternative services were available. The reporting often omitted the last element of this pledge and suggested the CCG had backtracked on an earlier promise.

To understand the potential reach of media coverage a calculation has been done independently by Kantar Media on media readership figures (including online).

Derbyshire Times (Ilkeston) = 24959 readers
Derby Telegraph = 18903 readers
Derbyshire Times (Belper) = 2149 readers
Ilkeston Advertiser (Web) = 2440 readers

Total reach = 48451

CCG Website

Information around the changes and engagement opportunities have been available on our public website since June 2019: http://www.derbyandderbyshireccg.nhs.uk

It is possible to understand how many have viewed information on the CCG's website through page views and unique views. A unique view is the number of unduplicated (counted only once) visitors to the website over the course of a specified time period.

Page analysis for:
http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/

This data has been recorded at the end of the engagement period 26th August:

Recent Hits	Hits Last Month	Hits This Year (since the page was set up June 2019)
351	454	791

It is also possible to calculate that 85 people viewed details relating to the CCG's drop-in sessions. For further analysis on our CCG website please see Appendix 8.

Social Media

The CCG issued information about the engagement period and events via its Facebook and Twitter accounts throughout the 60 days.

Other social media activity was posted by the Ilkeston Hospital campaign group and associates. Similar to the media coverage, the social media narrative often misrepresented the commitment from the CCG that beds would not be replaced at Ilkeston Hospital until alternative services were available. Additionally, residents were led to believe that the hospital itself was at risk, which the CCG has continued to state is incorrect.

Examples of social media activity are included at **Appendix 9** which gives links to:

- Images from August 3rd of a "save Ilkeston hospital" demonstration
- A Facebook page including details of a petition, although please note that the signatures of this petition cannot be counted into feedback for this report as the petition itself opened before the change in service this report is based on, for further details see appendix 9.
- Twitter activity from Catherine Atkinson (Labour representative) August 2nd and Maggie Throup (Erewash MP) posted a link to her article August 8th

How did we engage with GPs?

On the May 2019 an email was sent to all Erewash GP surgeries to update on progress to date with project and decision to open up pathway 2 beds, closing some of the Ilkeston Community Hospital beds and asking for feedback / any questions. Responses were received GPs and factored into the planning.

This was in addition to discussions at Erewash GP Membership meetings, QUEST sessions and Place Alliance meetings where the proposed model was reviewed from a clinical and operational perspective. This was also supplemented with discussions with individual GPs throughout the plan development phase. The main concern raised by GPs with the clinical model was whether the acuity of patients would deem them fit enough to be admitted to Pathway 2 care, rather than Ilkeston Hospital. The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all

discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. We will continue to monitor the support required by patients as the project is implemented to ensure the modelling is translating into reality.

Analysing Responses to the Engagement

All of the feedback received from the public has been read, analysed and themed to provide a report of what concerns and comments local people had. Feedback came via the 'Have Your Say' section on the NHS Derby and Derbyshire CCG website and 30 responses to the questionnaire. Many responses contained multiple comments and themes and therefore the numbers of comments do not correspond directly to the number of responses.

At the time of compiling this engagement report (28 August 2019) the publicised petition had not been received by the CCG so cannot at this stage be factored into the theming of comments. It is noted that there has been opposition to the proposals, but the purpose of theming the responses below is to identify what material, clinical issues or other potential unforeseen issues with the plans have been submitted during the engagement period to enable the CCG to assess these and mitigate where required.

Through the demographic information provided in the survey, it is possible to see that those responding to the survey identified as; 75% white British, all respondents were aged over 35 years of age and there was a 58% Female and 24% male mix. This does not include the 18% of respondents who skipped the equality / demographic section on the survey.

Through postcodes we could see that out of the 30 responses, seven were not from within the Erewash area and postcodes included; Burton on Trent, Derby City and Belper.

Further information on the demographics and location of survey respondents can be found at Appendix 10.

Responses to the Survey - summarised

Question 1 - What do you think about our plan to increase community support beds?	
General feedback	There were seven comments stating general disagreement with the plans with comments ranging from the belief that the change was just about saving money and not based on clinical model and just about cost savings and privatisation.
Support	There were three comments in support of the changes.
Beds	There were 14 comments about beds. The majority of these were related to the need for hospital and 24 hour nursed beds regardless of whether some people may be suitable for the pathway 2 beds.
Model	There were seven comments with queries around the model with most comments identifying a lack of understanding or faith in the model as they understood it

Evidence	There were two comments about insufficient information about the evidence of the need for change including muscle wastage and insufficient information to comment

Question 2 - What do you think to the plan to use Ladycross House Care Home to provide the additional community support beds?	
Concerns	There were ten concerns highlighted. This included five comments around concern over the CQC inspection rating and competency for care at the home. Other concerns were around care homes in general not offering the care and support that people need.
Support	There were four people who were in support of the plans to increase community beds.
Transport	There were five comments about transport and how Ladycross would be much more difficult to get to.
Cost	There were three comments concerned about the cost of the new model and if it would cost more than having pathway 2 beds in Ilkeston Hospital.

Question 3 – What do you think about out plan to increase capacity to support more patients at home?	
Model	There were 17 comments around the model of care supporting people in their own homes. Concerns referenced many cases of people experienced care for themselves or relatives in the home and this not being adequate. A couple of comments also highlighted patient safety and a concern that people would be at clinical risk due to inadequate care. Concerns were also highlighted around the capability of care staff as well as whether there would be enough and appropriate equipment in the community.
Cost	Six people highlighted concerns over the cost of pathway 1 support and whether it was achievable for all the people that would need it. There was also concern highlighted about whether people would have to pay for care in Ladycross.
Support	Three people supported the plan to increase capacity to support people in their own home.
General	There were eight general comments relating to concerns about the full needs/support of patients not being able to be delivered

	through staff calling in to offer care. The concerns were centred specifically around the social care needs of patients including isolation and lack of local family support and based on these concerns people felt the best place of care would be a hospital bed.
Hospital retention	There were five comments stating that whatever happened, the beds and indeed the hospital itself needed to be retained as home care is not suitable for everyone.

Question 4 – With the increases in community support beds and ability to support more patients at home every month, there will be less need for beds at Ilkeston community hospital and therefore eight will no longer be needed routinely (although this number can be increased at times of pressure if required)?Do you have any thoughts on this change?	
Model	There were seven comments around the model being presented. Comments ranged from a lack of faith in the model presented including concerns over appropriate staffing, to the evidenced used to make the change.
Disagree	There were 20 comments firmly disagreeing with reducing the beds at Ilkeston Hospital. Comments included concern about the need for beds now and in the future when an increase in beds may be needed to support increase in need e.g. during winter. There were also comments around lack of robust evidence.
Consultation vs engagement	There were two comments stating that they felt the change was significant and the CCG should have consulted on the change.

Question 5 – Is there anything you don't understand about the plans we have outlined in our document "changing the provision of community rehabilitation in Erewash
Out of the 26 comments received for this question, two asked for further information around data on the decision making and request for further information as one person felt that the CCG was withholding information.

Question 6 - Do you have any other comments about the plans we have outlined in relation to you or a person for which you are responsible? If so, please detail them in the space below.
There were 22 comments provided for this question, many reiterating why people were not happy with the change. In addition, two people expressed concerns why beds were closed before the end of the engagement period. Two people also shared very personal stories with us, of why Ilkeston Hospital was and still is so important to them.

Written feedback outside of online survey

The engagement period offered patients numerous ways to feedback including face to face, online questionnaire, letter or direct email feedback. The information below details the themes from the direct feedback including queries that came through our enquiries line, including questions raised to our Governing Body.

Theme of feedback	Detail
Clinical model	Concerns about the evidence of the decompensation from a pathway 3 bedded care model Concerns that the pathway 2 or 1 model does not meet the full needs of the patient with considerations around isolation, lack of domestic housing space, transportation cost and inconvenience of travelling further. Feeling that pathway 3 meets all of these needs.
Joint working	Concerns around whether the model will work and if not what would happen
Implementation	Concerns that in the past promises were made around replacement/alternative services would be in place before beds changed.
Significant service change	Queries about what constitutes significant service change and why there was engagement and not consultation
Evidence	There were comments about insufficient information about the evidence of the need for change including muscle wastage and insufficient information to comment
Void space	There was a question as to what would happen with the void space at Ilkeston Community Hospital.
Bed cuts	Question relating to the decision to reduce beds at a time the NHS and local system is saying we need more beds.

Feedback from the drop in sessions, our meeting with the Ilkeston PPG members and the public meeting we attended hosted by SOSNHS.

- Feedback provided about the hospital and how good the care and treatment is, giving personal accounts of how Ilkeston Hospital is an important local health facility.
- General concern that the hospital was going to close due to local campaigns and a leaflet posted through doors in Ilkeston stating that there would only be 16 nursed beds in Ilkeston for rehabilitation, respite and end of life care without explaining the increase in pathway 2 beds.
- People felt that they needed to share their stories to help commissioners understand why there needed to be retention of the current number of beds and why the hospital should not close. Therefore, a lot of feedback given was not directly relevant to the planned changes in rehabilitation.

- For this group of people, once there had been an opportunity to explain the planned changes there was some assurance that the hospital and services would remain and that the plans were related to changing the beds model for those suitable for the pathway 2 care.

However, there were a number of comments relevant to the engagement and these have been summarised below:

Summary of feedback	**Detail**
Significant service change	Queries about what constitutes significant service change and why there was engagement and not consultation
Events	There were questions about timings of the events commenting that 2 - 6pm for the drop in sessions was not a good time.
Equipment	Concern that the equipment / beds etc. that the League of Friends have put into ICH will remain within Erewash
Void space	There were questions as to what would happen with the void space, suggestions for it to be a Renal Unit or residential home going forwards. Another request was to reconsider the space for P2 beds.
Clinical care	• Concerns that plans are currently not being implemented early enough, care plans, key goals • Therapists need to give more support over weekend, sooner • Structured better, rehab care plans • Not enough community beds in Nottingham • Not confident that the resources in RDH are in place to have the right robust care plan to enable people to be discharged straight to pathway 2 beds • Concern that people would be assessed as needing pathway 2 beds if there were not enough pathway 3 because these were being closed in Ilkeston • Concerns about the governance, training, isolation, supervision etc. of community nurses – plus de-professionalisation • There were a few concerns raised around the delivery of end of life care and how this model could have an impact on the number of end of life beds available
Pathway 1 concerns	• Care package – not the resources to have packages in place to support people in their own homes • Don’t think you have the therapists in place in the

	community, have them in place completely when the change happens • Concern that P1 will increase the sense of loneliness based upon the assumption that people want to be at home – generational thing in the sense of older people saying "I'm OK" so that they can be at home. • Number and length of visits for P1 patients – 3 or even 4 visits
Pathway 2 concerns	• Lack of GP cover • Location of Ladycross • Ladycross CQC status
Pathway 3 concerns	• How do you know it has been successful in other areas • Need a contingency plan • Concern that resources aren't ready
Communication	Communication between community and acute GP SystmOne shared, ANP's struggle to get the information
Engagement not consultation	• Concern that we moved to engagement and by passed consultation, despite this taking place in North Derbyshire • Why didn't you consult – I know I've got no impact whatsoever
Bed Model	• Need to see evidence from the north as people are being told that this is working but not seen the evidence to prove that • Concerns about the decompensation evidence • Evaluation of model following implementation • Concern that Belper engagement referenced capacity at other community hospitals that is now being reduced
Social Care	Gap in social care provision and plans for further budget reductions
Implementation	Concerns that in the past promises were made around replacement/alternative services would be in place before beds changed. • What are the plans around timescale and mobilisation • What is the process for monitoring in the transitional phase and does it include mortality figures and quality of life measurement?
Transport	Concern about the ability of patients to travel to Sandiacre.
General comments	• We have lowest bed count per head of Europe/developed

	world this change is about austerity. Simon Stevens said we haven't got enough beds in the NHS • Nuffield Trust said don't try to re-model without the resources - like a trapeze artist without a safety net

Patient Experience

We have already collected some feedback from places where the pathway bed model is already happening that tells us about the positive experiences that people have in pathway 2 care.

One anonymised story from Florence Shipley in Heanor (August 2019) is as below:

"My husband has spent the last 10 days at Florence Shipley and I feel I must contact you to express my appreciation for his care.

When a place at your centre was suggested to us we originally declined it never having heard of it or knowing anything at all about it and it being a distance away. Eventually we agreed to try it and are we glad we did. He could not have been treated better by every single member of staff no matter what their role. They all seemed to care that they were doing their very best.

The building itself is like a hotel, very modern, spotless and with the most beautiful flower filled balconies. The cafe served excellent food; in fact we had our lunch together there every day served by really attentive staff. I was able to take him out for walks in his wheelchair as and when we pleased and the staff fitted around us.

The therapists were amazing getting him back on his feet. We even got a home visit from Ula the day following his discharge.

I came to Heanor every day to spend the day with him and I was able to come home completely content and not worried about him which meant a great deal.

On his arrival he was "booked in" by Colin who asked him about his likes and dislikes and he asked if he liked to be woken with a cup of tea or did he prefer to wake up himself!!! The whole atmosphere contributed to his recovery.

I would appreciate you passing on my comments to all your staff members.
He had a five star treatment and I thank you all very very much."

Further work gathering information from people accessing the pathway 2 beds in other places in Derbyshire has already started to build a really good picture of the experience of community rehabilitation. As the rehabilitation services in Erewash change, with the pathway 2 beds being provided in Ladycross Care Home the CCG will continue to collect feedback from people accessing the service."

The below short story came from Derbyshire County Council Adult social care and is demonstrated here as a good news story that the Pathway 2 model is working well in other areas:

“A lady had an operation on a hernia and had difficulties with her motion following bowel issues, she was admitted on the 30th June until the 7th July, this lady had a dementia that wasn’t explained correctly but was managed well at Florence Shipley, and she was discharged home with no package of care.”

Conclusions

People who took part in the engagement expressed that they highly valued their NHS services and in particular wanted to ensure that ICH remained open for Ilkeston people to use. The responses were rich and varied and a small group felt strongly enough to organise their own meetings and arrange campaigning events.

From analysis of all of the feedback received, it is clear to see that:

- There is concern that Ilkeston Community Hospital may close
- There are misconceptions around the planned change and what this means
- There is concern that the model will not fully meet people's needs
- There is concern that the evidence does not support the change
- There is concern that the different pathways of care described do not offer enough support and that a hospital bed is needed
- There is concern that change is based on finances and not an improvement in model of care
- There is a lack of understanding or belief that the models of care will work
- There is concern about transport for patients and relatives needing to receive care in Sandiacre
- There is a suggestion that the CCG should have consulted, rather than engaged as there are views expressed that this is a significant service change.

Below is a summary of the key concerns and gives mitigations required, taking account of the summarised responses outlined above.

Key themes	Suggested Mitigations
Theme 1 – Concern that the changes would not deliver the right kind of care for people of Erewash because the evidence did not support the change, that the modelling used would not deliver the number of beds required to meet demand, and that the changes would mean that the hospital would close	**CCG response to theme 1** – The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. There is no intention to close Ilkeston Hospital.
Theme 2 – Concerns over the failure to implement the changes and mistrust of the CCG to deliver the changes and mistrust of the CCGs motives for the changes.	**CCG response to theme 2** – The NHS and Social Care providers have confirmed with the CCG that all plans are in place and that they are ready to deliver the changes from September 9th 2019 subject to agreement by the GB. The reason for the change continues to be to ensure patients are discharged to the right place at the right time to meet their needs.

Theme 3 – Concerns about the P2 beds, in particular about the quality of care and location	**CCG response to theme 3** - The quality of the care home beds will be regularly monitored by Derbyshire County Council External review is also carried out regularly by the Care Quality Commission (CQC). It is recognised that distance and travel may be a concern for some people. However, it is not always possible to give everyone their preferred option of location and the clinical view is that it is better for the patient to be placed in the most appropriate facility to meet their needs than be in the facility that does not best meet their needs but be based in a preferred location. Also Derbyshire County Council is in the process of rebuilding a new care home on the site of Hazelwood which is in Ilkeston. This is due to be completed in 2022 and there would be an opportunity for the P2 beds to in the future be delivered from this new facility. The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor Ladycross against the KPIs for performance and quality set out in the service specification.
Theme 4 – Concerns about the ability of social care to deliver the required care packages and concerns of exacerbating loneliness in frail elderly population	**CCG response to theme 4 -** The model includes an increase of both social care staff and therapists in the community in order to deliver the changes to Pathway 1 care. Each patient will have their own care plan which will ensure that peoples' needs are met. The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor P1 delivery against the KPIs for performance and quality set out in the service specification Key stakeholders for this group have been agreed (RDH, NGH, Social Care, DCHS, CCG, primary care) Patient Experience process to monitor people's experience of the different pathways has been set up and will be led by the CCG Patient Experience Team along

	with the PALs teams in DCHS and DCC. The issue of loneliness will be particularly monitored through this process.
Theme 5 – Concerns that people would not be able to choose end of life care at Ilkeston Hospital.	**CCG response to theme 5 –** If a patient is in the last few days of life and if the patient understands other options, such as home care, but wishes to stay at Ilkeston Community Hospital then there is the facility for that patient to receive end of life care at ICH.

5.2 Additional Themes

Additional Themes	Suggested Mitigations
Theme 6 People asked why the P2 beds could not be housed in the hospital	**CCG response to theme 6 -** The Regulators, CQC, would not allow care home beds (social care run) to be sited in the same building as a hospital.
Theme 7 People felt that the changes were significant enough to warrant a full consultation. A few other people questioned the timings of the drop-in sessions and suggested that 2-6 was not a good time for most people to attend.	**CCG responses to theme 7 -** The matter of consultation vs engagement is outlined in the CCG's Governing Body papers from 6 June 2019. A provision of pathway 3 beds will be retained at Ilkeston Community Hospital so the service is still available. It was therefore deemed that this was not a significant service change. The CCG provided a range of ways in which people could participate in the engagement including an online survey and email enquiry and attended 2 evening meetings (a public meeting and a separate PPG meeting)
Theme 8 People asked if only Ilkeston patients would be able to use Ilkeston beds?	**CCG response to theme 8 -** Patients from Ilkeston will be able to access P3 beds located at any of the community hospital across Derbyshire dependent on patient choice and bed availability.
Theme 9 People were concerned with the void space left vacant through reducing capacity at ICH from two wards to one ward and wanted to know what would happen to it?	**CCG response to theme 9 -** DCHS is clear that the most important and immediate priority is to ensure that the changes are implemented in line with the commitments made before any plans are made around future use of the space. There is potential to accommodate

	other clinical services in the space as other areas in the hospital are refurbished, but this will need to be considered in more detail over the coming weeks and months.
Theme 10 How will the service in Erewash be evaluated – does it meet patient needs?	**CCG response to theme 10 -** DDCCG has commissioned a project to evaluate patient experiences of pathway 2 provision across Derbyshire. Quantitative data of patient flow will be reviewed in the Erewash operational delivery group and reported every quarter. (See appendix B)

Appendices:

Appendix 1- Equality Impact Assessment

NHS

Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group

Due Regard (Equality Impact Assessment)

This is a standalone statutory document and needs to hold all relevant information without having to reference the PID. Please note the accountability of completion and information contained within sits with the Project team.

This form should be initially completed as part of the PID process and sent to sderccg.communications@nhs.net prior to full PID being submitted to PMO. The form will be reviewed and comments given.

Please note this is a 'live' document and should be reviewed during the project delivery to ensure any impacts are known and where possible mitigations made.

What is Due Regard?

Due regard (Equality Analysis) is an on-going proactive process which requires the use of information about the effect our decisions are likely to have on local communities, service users and employees, particularly those who are most vulnerable or at risk or disadvantage.

This template has been designed to assist in collating the information and evidence necessary to support the Due Regard process in the making and implementation of our decisions when considering changes to services or functions, this includes service re-design/reconfiguration.

Project Information

Service Area	Community Commissioning
Team/Project lead	Sharon Gibbs
SRO	Kate Brown
Project title including DW URN	

Aims of the Due Regard (Equality Analysis)

Scope of the Due Regard i.e. service change/service re-design, reconfiguration:	Service reconfiguration
Summary of change- how will this effect patients?	Provide care for patients closer to home and focus on rehabilitation and re-ablement rather than bed based care. Reconfigure P3 community hospital bed capacity into P2 rehabilitation bed capacity and P1 community service capacity. Ensure appropriate discharge pathways are utilised to optimise care provision and patient recovery.
Options/mitigations	

Phase 1: Gathering information

List examples of background information that is relevant. If carrying out an assessment of a proposal, this section should include the **data used** to establish whether the proposal has an impact. Where possible refer to **embedded local data** or **web-links to national or regional findings**.

Type of information	Findings
Data on user trends (i.e. patient/service user/population).	Patient population is anybody that is a

Please ensure information includes data broken down by demographics where possible.	complex discharge over 65 years old, and predominantly (although not exclusively as beds will be used flexibly across Derbyshire) lives in the Erewash area.
Benchmarking- Has this been done elsewhere and if so provide a summary of findings.	Significant evidence collected as part of Better Care Closer to Home in North Derbyshire that caring for people in a non bedded care environment (where not needed) has significant health benefits due to lack of decompensation and loss of confidence. Also significant evidence around frailty, delirium, discharge pathways (D2A)
Results of Consultation/engagement (highlighting which stakeholder groups were involved in context of protected characteristic/equality groups). If none has been done, please identify whether you envisage this still needs to be done. Please note, support on this is available from the communication and engagement team.	Comms are part of the implementation project and have done consultation/ engagement in other areas on a similar theme (BCCTH, Belper). Engagement will stakeholders will commence at the appropriate point of the Implementation.

Phase 2 Impacts

From the evidence outlined above use this section to identify the risks and benefits according to the different characteristics protected by the Equality Act 2010.

All/general: Any issue that cuts across a number of protected characteristics

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Non identified			

Age: Where a person is at risk of unfair treatment because of their age group

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Service will be specifically aimed at older people. Taking into account projected increase in population levels we expect to see an increase in lone pensioner householders and proportion of total household in which lone pensioners reside and a resulting increase in total dependency ratio.	Positive impact of increased community based services	None identified	Looking at the projection of population increase and the lone households, assumptions can be made about the need for developments in community based services where people can retain their independence for as long as possible by accessing the services that they need in their communities.

Disability and health and wellbeing: All forms of disability recognised under the Equality Act 2010 including sensory impairment, mental health, learning disabilities, mobility related conditions, conditions such as heart disease, diabetes and asthma. This also covers any impact on health and wellbeing.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Service is accessible by	Current		Note health needs of

all and many patients have mental health, sensory impairments and mobility related conditions. There is above average prevalence of conditions such as heart disease, diabetes and asthma. Whilst these conditions are tackled at both Practice and Place level it should be acknowledged that these conditions may contribute to issues in managing multiple health appointments. Consideration should be made to the mobility of these patients as some patients may have very limited mobility or even be housebound. It is important in the case of long term conditions and possible disabilities to ensure that there is a robust treatment plan support by a range of skilled clinicians.	developments in Erewash have shown improvements in the coordination of care and any further developments should continue with the ethos of multi-disciplinary teams where the GP Practices are engaged with experts to develop the best care plan for their patients.		the area and develop services accordingly

Gender Reassignment: this related to a person (or persons) who is proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning their sex, by changing physiological or other attributes of sex from that which was assigned to them at birth.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
None identified, although data is largely unavailable.			To be reviewed as part of the data collection during any engagement, but unlikely to yield significant data.

Marriage and Civil Partnership: people who have or share the common characteristics of being married or of being a civil partner can be described as being in marriage or civil partnership.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
We must analyse data to underatdn the proportion of lone occupancy households.	Opportunities arise as in the development of future services.		The development of services to wrap around the patient are even more important where there is an offer of a wide range of services will

			offer more support to patients and keep them able to retain independence and remain living in their own homes and community for longer.

Pregnancy and Maternity: relates to women who are pregnant or within their allocated maternity period; up to 26 weeks after birth

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
None identified			

Race: All ethnic groups including Asian, Black, East Asian and white minority ethnic groups, including Eastern Europeans and Gypsy and Travellers

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
There is little diversity in the Ilkeston area the high majority of people identifying as White British. This means that the predominate language for health care and information is English. It is important to note that the 4% of people who are not white British are considered and appropriate adjustments made including but not limited to translation and interpreting services.	None identified	None identified	Information to be confirmed where possible via engagement.

Religion/belief: all faiths including Christianity, Islam, Judaism, Hinduism, Buddhism, Sikhism and non-religious beliefs such as Humanism

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required

Sex (Gender): referring to being a man or a woman

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This data identifies that Christian is the predominant religion for the Erewash area and this is supported by a number of different Churches and places of worship in the area.	None identified	None identified	No specific action, although churches can be used as an outlet for engagement information.

Sexual Orientation: including heterosexual, gay, lesbian and bisexual people

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
The exact number lesbian, gay, bisexual or trans (LGBT) people living in the UK is not known for certain as, until recently, national and local surveys of the population and people using services did not ask about an individual's sexual orientation. The Department for Business Innovation and Skills has estimated that between five and seven per cent of the population could be lesbian, gay, bisexual or trans. If this figure were applied to Derbyshire this would mean around 37,000 people (or the same population as a town the size of Ilkeston - Derbyshire's second largest town). It will always be difficult to get accurate statistics on the number of lesbian, gay and bisexual people because of homophobia and the fact that many people do not 'come out', but keep their sexual orientation private - often because they fear being subjected to homophobia by their families, work colleagues or the community in which they live.			Whilst there is no accurate data there are some key points identified by Stonewall that must be considered when developing services: **Lesbian and bi-sexual women:** • **Two in five** (39 per cent) said their GP or healthcare professional assumed that they were heterosexual • **More than one in five** (23 per cent) felt there was no opportunity to discuss their sexual orientation • **Nine per cent** came out to their GP or healthcare professional and they were either ignored or the healthcare professional continued to assume they were heterosexual • **Six per cent** were asked inappropriate questions by their GP or healthcare professional after coming out to them **Gay and bi-sexual**

			men: • **Sixteen per cent** said their GP or healthcare professional assumed that they were heterosexual • **Fifteen per cent** felt there was no opportunity to discuss their sexual orientation • **Three per cent** came out to their GP or healthcare professional and they were either ignored or the healthcare professional continued to assume they were heterosexual • **Three per cent** were asked inappropriate questions by their GP or healthcare professional after coming out to them

Socio-Economic Status: This can include people on low incomes, as well as issues around rural and urban deprivation- You may wish to include this, although it is beyond the scope of the Equality Act 2010.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
The Erewash area is higher than other parts of Derbyshire averages for income deprivation and poverty levels, which is reflected in the health profile of the area.	None identified	None identified	Deprivation in the area suggests we should provide as many services as possible in the community where walking or short driving distance would always be preferable.

Good Relations: This is where a decision or a change to services may risk creating tension between community groups in a local area, or had the potential to improve relations between groups. For example, will removing or changing a service have a positive or negative impact to the local community?

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
None identified			To be reviewed during engagement.

Phase 3: Action Planning

Use this section to write an action plan based on the 'action required boxes' under the protected characteristic sections above

Area for further action	Actions proposed	Lead officer	Link to Equality Objective	When	Resource implications	Outcome
Consolidate further findings from data and to check that there has been nothing missed	Include demographic questionnaire as part of the engagement	Sean Thornton, AD Comms & Engagement	All	TBC	Analysis time and time taken during the engagement	Consolidate findings from data and to check that there has been nothing missed

Governance self-assessment in completion of Due Regard

Have Due Regard findings been highlighted in Governing Body or other committee report (including the cover sheet)	Will be included as part of engagement report
Have staff been involved in developing the Due Regard	**Yes**
Have community organisations/patients/service users and carers been involved?	No but will be engaged during project delivery.
Date when Due Regard completed. Please note this is a live document and should be updated as the project progresses or changes	**V1- 28 February 2019**
	V2-
	V3-
	V4-

Due Regard (Equality Analysis)- Summarised findings

Date:	28 Feb 2019	Lead:	**Sharon Gibbs**
Workstream (e.g. Primary Care, Planned Care etc)		**Community Commissioning**	
Service description		**Correct discharge pathways (Erewash)**	

Aims of service change (e.g. decommission, reinvest, service redesign)
Service re-design
Outcomes- what is the Impact (either negative or positive) on any of the Protected Characteristics? (please list all)
Positive impact on care of the frail, elderly.
If any negative impact has been identified, what alternatives were considered before this became the preferred option. Were there any propionate alternatives or reasonable adjustments?
n/a
If there are no proportionate alternatives, how can you reduce or minimise negative impacts?

How can you explain the need to continue with achieving these outcomes if no mitigation can be made for any of the negative impacts?
If there are any positive impacts, how can these be promoted?
As per current comms and rolling out more widely across Derbyshire

Please return completed assessments to sderccg.communications@nhs.net

QIA Number	QIA Title	Project Manager	EIA Received	New or Review	Panel Discussion Notes	For Q&P Y/N	QIA Risk Level	Review date
1	Correct Discharge pathways (Community Support Beds Ilkeston)	Sharon Gibbs	Yes	Revised	QIA v4.xlsx • Following the meeting with GPs after the last QIA panel SG reported that the GPs around the table supported the model. • There were still concerns re clinical responsibility and further engagement work with GPs needs to be done. SG to present to a QUEST session. • Panel agreed the QIA and the risk level of Moderate. • Project plans to be worked up. Review not required at the moment and can be brought back as and when required • CH to pick up EIA and liaise with SG, submitted at the last review • Risks centre around the media and DCHS staff involvement so the panel agreed as there were no concerns around the quality of the proposed change there was not a need for this to be submitted to Q&P	N	Moderate	TBC

Appendix 2- Quality Impact Assessment

Quality Impact Assessment
Summary

NHS
North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group

Project Title:	**Correct Discharge pathways (Community Support Beds Ilkeston)**	**DW Number (if appropriate):**	**DW534**	**Version Number**	**2**
Project Lead:	Sharon Gibbs				
Project Manager (if applicable):	Sharon Gibbs				
Project Sponsor/SRO:	Kate Brown				
Who has been consulted to support and inform completion of this QIA - i.e. Clinical Lead, relevant commissioning lead, provider, stakeholder, patient experience leads	Commissioning lead,				
Date QIA completed	27/02/2019	**Completed by:**	Sharon Gibbs		
QIA panel recommendation (*to be completed by QIA Panel*):					

QIA Panel Comments (***to be completed by QIA Panel***)

Project Overview

Current Service

We currently have a system whereby frail, elderly patients sometimes spend too long in bed based care (acute and community) causing physical, psychological, cognitive and social deconditioning resulting in lost independence.

When elderly people require rehabilitation and re-ablement support, following an inpatient stay in an acute hospital, they are also often admitted to a community hospital bed, and in some instances then also into a bed for purely re-ablement purposes.

We also know that;
- Local experience of discharges highlights significant variation between the north and the south of the county, with a far greater emphasis on bed based discharges in the south of the county
- In the north of the county complex discharges are more in line with expectations nationally, following the Better Care Closer to Home transformation programme
- Caring for older people in a hospital bed can be detrimental to such an extent that it can outweigh the benefit of the care received, due to the extent of 'deconditioning'.
- The mind set of health and social care has historically been too often hospital bed first; although most people want to remain in their own home whenever possible.
- Vulnerable frail, older people are often cared for at 'levels of care' which are higher than required to meet their needs. Not only is this not want most people want, it is also resource inefficient and increase the risk of iatrogenic (health and care induced) harm.

• Nationally there are 3 recognised pathways;
1. P1 for complex discharge patients receiving care at home supported by the local community team (ICS)
2. P2 for complex discharge patients, for whom it is not appropriate to return home immediately following a hospital stay and who will be cared for in a local step up / step down bed (community support beds) supported by the local ICS.
3. P3 for complex discharge patients who require 24 hour nursing care.

The model of care for each of these has been developed under Better Care Closer to Home and endorsed by the JUCD Place Board.
In Erewash there are no P2 beds, and this is a recognised gap within the urgent care system with complex discharges regularly staying within a hospital or community hospital environment when it would be more appropriate to provide rehabilitation and re-ablement at home or in a P2 facility.
In contrast, if modelling the P3 capacity based upon that agreed under Better Care Closer to Home, there is significantly more P3 capacity than demand would dictate. This is also bourne out by current bed modelling work and the local Newton Europe report.
Modelling looking at Erewash patients suggests a reduction of P3 beds and the establishment of P2 beds locally, with associated community capacity, would provide more equitable access to appropriate discharge pathways for the people of Erewash.

Planned Changes

The default care setting for all patients should be the place they call home as this can significantly improve the quality of care received (due to a reduced likelihood of decompensation). This is the focus of local and national strategy such as the NHS 5 year plan and the local Joined Up Care Derbyshire strategy.

The proposed service change covered by this plan would see;
• some of the people of Erewash, who currently receive reablement and rehabilitation support in a community hospital bed, instead cared for at home by community based services (Integrated Care Service or ICS).
• Others, for whom it is not appropriate to return home immediately following a hospital stay, will be cared for in a smaller number of local step up / step down beds (community support beds) also supported by the local ICS.
• The community support beds would be for people who require, for example additional assessment to understand their social care and/or their physical care needs, assistance to re-able to achieve maximum independence, where it is not possible, or would be significantly less effective, to deliver this in a persons own home.

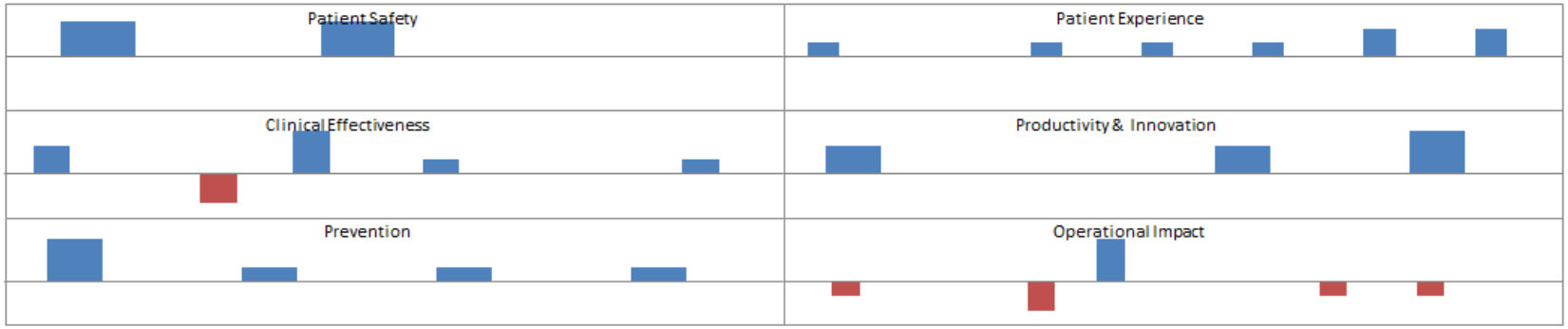
This proposal would thus see;
• a reduction in the number of community hospital beds from the commissioned 32 (currently delivering 24 due to staff shortages) down to 16 (with flex up to 18 in winter)
• the development of 8 local step up / step down beds with associated medical and therapy staffing
• an increased focus (and associated capacity) on improved discharges from acute based care to provide assessment in a persons own home

Future Services

Resulting in;
• more equitable and appropriate delivery of care for the local population
• more care delivered in the right care setting
infrastructure that will support the move towards the national complex discharge pathway ratios of 60%,30%,10% (currently P1 74%, P2 13%, P3 13% in Chesterfield under BCCTH but P1 45%, P2 5% and P3 55% in Erewash due to the lack of available P2 provision).
• an investment in community based services
• investment in community based services being funded via a reduction in bed based care
• a net QIPP return of £156k

Summary

	Questions Answered	*Questions NOT Answered*	Positive Scores	Neutral Scores	Negative Scores
Patient Safety	3	*0*	2	1	0
Patient Experience	7	*0*	6	1	0
Clinical Effectiveness	6	*0*	4	1	1
Productivity & Innova	4	*0*	3	1	0
Prevention	4	*0*	4	0	0
Operational Impact	8	*0*	1	3	4
WHOLE PROJECT	32	*0*	20	7	5



RISK LEVEL

MODERATE Risk

Any negative scores for Patient Safety, Patient Experience or Clinical Effectiveness, or scores of less than -1 for Productivity & Innovation, Prevention and Operational Impact

RISK TO BE MITIGATED PRIOR TO COMMENCEMENT

Which organisation will own this risk?	CCG

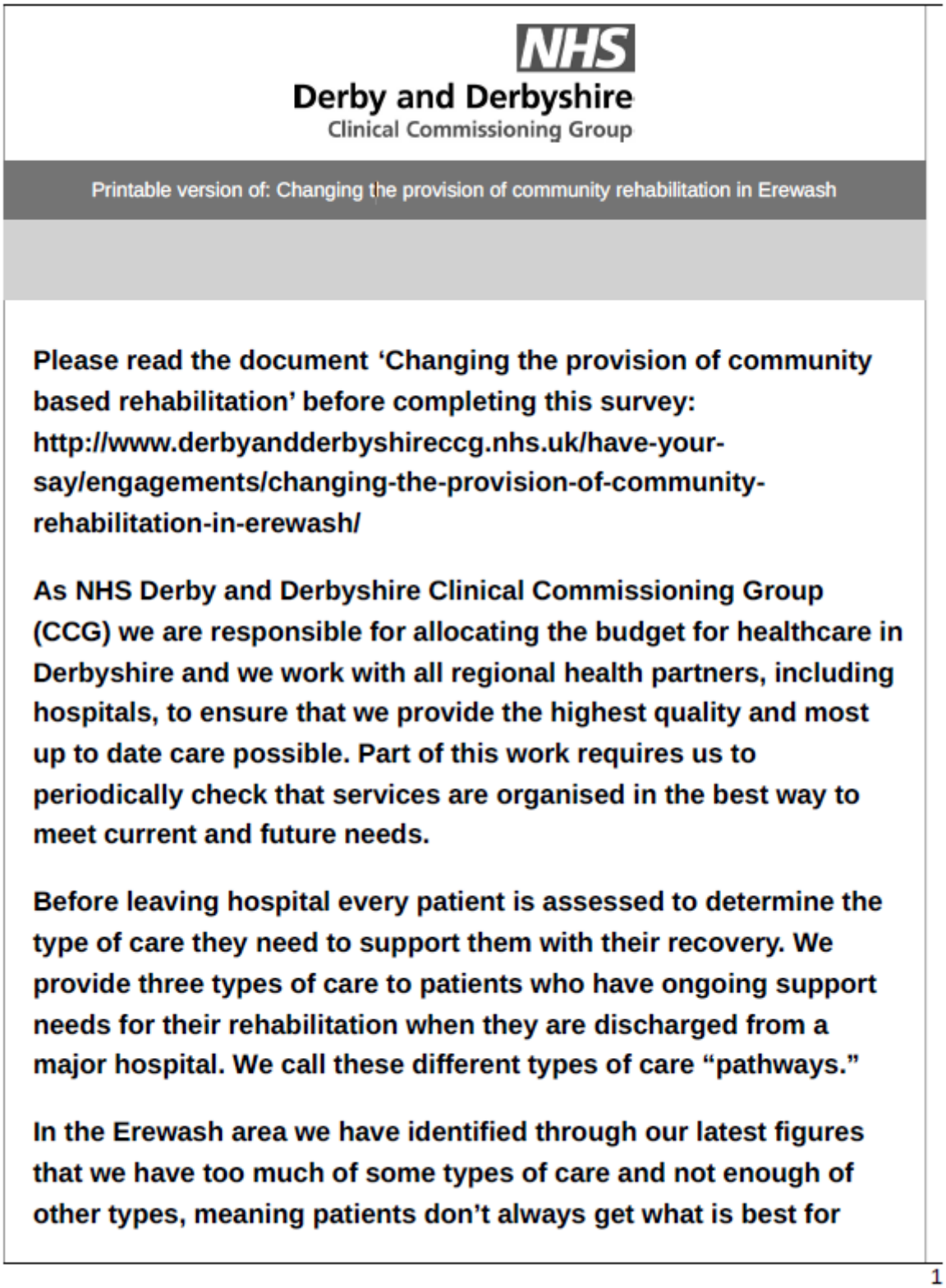
POST MITIGATION (MODERATED) RISK LEVEL

MODERATE Risk

JUSTIFICATION FOR MODERATED RISK LEVEL

A plan for mitigation involves the development of a comms and engagement plan encompassing the engagement of local people as well as wider comms with health and care stakeholders, local politicians, local GPs etc.

Appendix 3 – Sample Questionnaire



NHS
Derby and Derbyshire
Clinical Commissioning Group

Printable version of: Changing the provision of community rehabilitation in Erewash

Please read the document 'Changing the provision of community based rehabilitation' before completing this survey: http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all regional health partners, including hospitals, to ensure that we provide the highest quality and most up to date care possible. Part of this work requires us to periodically check that services are organised in the best way to meet current and future needs.

Before leaving hospital every patient is assessed to determine the type of care they need to support them with their recovery. We provide three types of care to patients who have ongoing support needs for their rehabilitation when they are discharged from a major hospital. We call these different types of care "pathways."

In the Erewash area we have identified through our latest figures that we have too much of some types of care and not enough of other types, meaning patients don't always get what is best for

1

them.

To address this we have agreed that changes are needed to these types of care in Erewash. The planned changes include providing more community support beds in local authority care homes and increasing the number of care staff alongside providing additional health input to support rehabilitation for people at home.

The provision of rehabilitation care and support that better meets the needs of our patients means that there is less need for community hospital beds and so our plan includes reducing them by eight.

This survey provides an opportunity for you to share your thoughts on our plans with us.

For more information please see http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/

If you have any questions or would like to talk to someone please contact our Engagement Manager, Claire Haynes, by calling 01332 868 677 or emailing ddccg.enquiries@nhs.net

NHS
Derby and Derbyshire
Clinical Commissioning Group

Printable version of: Changing the provision of community rehabilitation in Erewash

Survey

What do you think about our plan to increase community support beds?

What do you think to the plan to use Ladycross House Care Home to provide the additional community support beds?

With the increases in community support beds and ability to support more patients at home every month, there will be less need for beds at Ilkeston Community Hospital and therefore eight will no longer be needed routinely (although this number can be increased at times of pressure if required)?

Do you have any thoughts on this change?

4

What do you think about our plan to increase capacity to support more patients at home?

Is there anything you don't understand about the plans we have outlined in our document "Changing the provision of community rehabilitation in Erewash"

5

Do you have any other comments about the plans we have outlined in relation to you or a person for which you are responsible? If so, please detail them in the space below.

If you have any questions, would like to talk to someone or want to register your details to stay involved please contact our Engagement Manager, Claire Haynes, by calling 01332 868 677 or emailing ddccg.enquiries@nhs.net

NHS
Derby and Derbyshire
Clinical Commissioning Group

Printable version of: Changing the provision of community rehabilitation in Erewash

Equality monitoring form (strictly confidential)

Derbyshire Clinical Commissioning Groups recognise and actively promote the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that we understand who has given us feedback we would like you to complete the short monitoring section below in relation to yourself or if you are representing another person in relation to them. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Our Commitment to Data Privacy and Confidentiality Issues
We are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the General Data Protection Regulation (EU) 2016/679 (GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- [ ] **Long-term physical or mental-ill-health/disability**
- [ ] **Problems related to old age**
- [ ] **No**
- [ ] **I'd prefer not to say**
- [ ] Other (please specify)

Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? Please select all that apply.

- [ ] Vision (such as due to blindness or partial sight)
- [ ] Hearing (such as due to deafness or partial hearing)
- [ ] Mobility (such as difficulty walking short distances, climbing stairs)
- [ ] Dexterity (such as lifting and carrying objects, using a keyboard)
- [ ] Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- [ ] Memory
- [ ] Mental ill-health
- [ ] Stamina or breathing difficulty or fatigue
- [ ] Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- [ ] No
- [ ] I'd prefer not to say

Other (please specify)

What is your Gender?

- ( ) Male
- ( ) Female
- ( ) Prefer not to say

What is your age group? (optional)

- ◯ Under 18
- ◯ 18 – 24 years
- ◯ 25 – 34 years
- ◯ 35 – 44 years
- ◯ 45 – 54 years
- ◯ 55 - 64 years
- ◯ 65 – 74 years
- ◯ 75 – 79 years
- ◯ 80+ years
- ◯ Prefer not to say

What are the first 3 or 4 characters of your post code?

10

Please choose one option that best describes your Ethnic Group or Background?

- ○ White - English/Welsh/Scottish/Northern Irish/British
- ○ White - Irish
- ○ White - Gypsy or Irish Traveller
- ○ White - Other
- ○ Mixed/multiple ethnic groups - White and Black Caribbean
- ○ Mixed/multiple ethnic groups - White and Black African
- ○ Mixed/multiple ethnic groups - White and Asian
- ○ Mixed/multiple ethnic groups - Other
- ○ Asian/Asian British - Indian
- ○ Asian/Asian British - Pakistani
- ○ Asian/Asian British - Bangladeshi
- ○ Asian/Asian British - Chinese
- ○ Asian/Asian British - Other
- ○ Black / Black British - African
- ○ Black / Black British - Caribbean
- ○ Black / Black British - Other
- ○ I'd prefer not to say
- ○ Any other ethnic group, please describe:

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NHS
Derby and Derbyshire
Clinical Commissioning Group

Join our mailing list

If you would like to join our mailing list please email ddccg.enquiries@nhs.net Your contact details will be stored as per the data protection act and will only be used for the purpose of this engagement and to provide you with updates on decisions made.

If the format of this document is not suitable for you, please let us know and we will endeavour to provide it to you in a format that meets your needs.

For any questions or feedback regarding this form please contact Claire Haynes, Involvement Manager, by calling 01332 868 677 or by emailing claire.haynes2@nhs.net

If you require this survey in another format please contact us

Appendix 4 - Public information

(As given at the engagement events and available on our website)

Changing the provision of community rehabilitation in Erewash

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all regional health partners, including hospitals, community services and GPs to ensure that we provide the highest quality and most up to date care possible. Part of this work requires us to periodically check that services are organised in the best way to meet current and future needs.

We want to ensure that we have the right services in place to meet the needs of people discharged from acute hospital care who are not able to go straight home without additional rehabilitation or support. Ensuring care is delivered in the right settings and with the right support enables people to have the best health outcomes, keeps them safe and independent and wherever possible, at home.

Before leaving hospital every patient is assessed to determine the type of care they need to support them with their recovery. We provide three types (pathways – we will explain these in more detail later on) of care to patients who require ongoing rehabilitation support when they are discharged from a major hospital, such as Royal Derby Hospital. Our latest figures show that in the Erewash area we have too much of some types of care and not enough of other types, meaning patients don't always get what is best for them.

Our CCG Governing Body makes the decisions on important areas such as this and members include local GPs, patient representatives and others alongside CCG senior team members. After careful consideration they have decided that changes are needed to these types of care in Erewash. The planned changes include providing more community support beds in local care homes, increasing the number of care staff and providing additional health input to support rehabilitation. The types of people who would be able to benefit from this are currently being admitted to Ilkeston Hospital in the absence of suitable alternatives and so, with new services available, the number of beds required at the hospital would reduce.

It is important to note that these plans have no bearing on the future of Ilkeston Community Hospital; there are no plans to close the hospital. We have shared our plans with our partners across health and social care through the A&E Delivery Board and have received their full support.

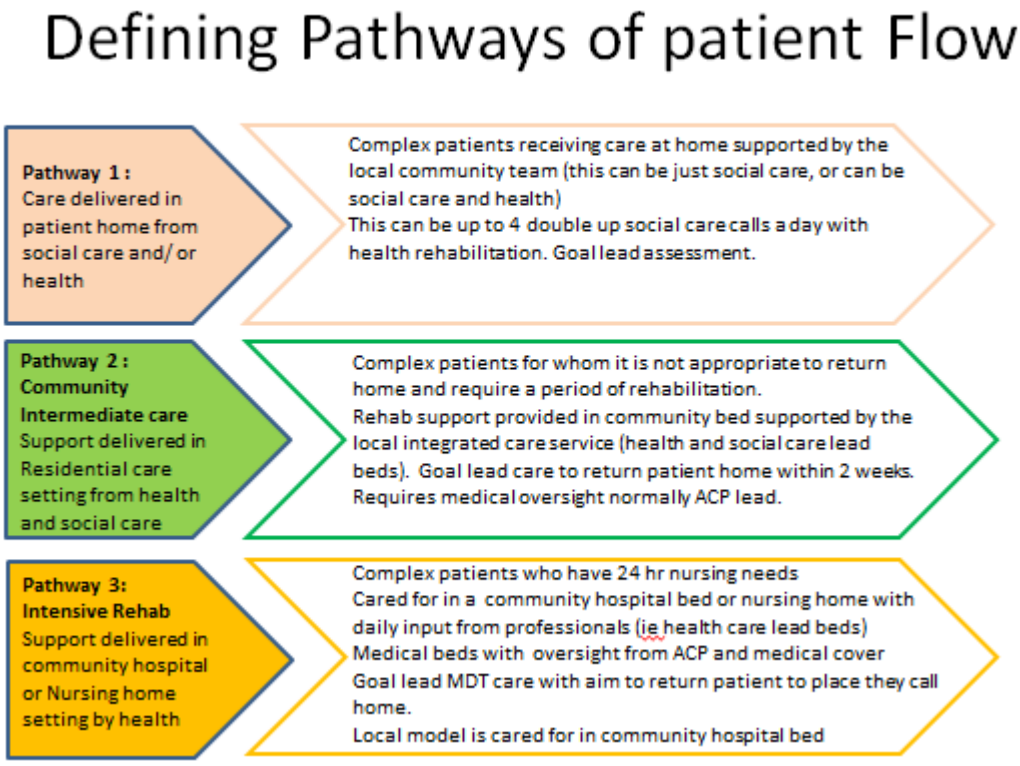
This document provides more detail about the planned changes and gives details of how you can get in touch with us to share your thoughts on our plans.

The importance of receiving the right care in the right setting

There is local and national evidence which demonstrates the benefits of patients being discharged to the right setting. There is substantial evidence to support the notion that there are serious drawbacks associated with long stays in hospital. This includes the impact of prolonged bed rest on older people stating that in the first 24 hours in hospital, a patient loses 2-5% muscle strength, rising to 10% in the first seven days and there are further studies which conclude that clinical outcomes are measurably worse, particularly for frail older people. For more information please see the link to our website at the end of this section.

Work completed under the Better Care Closer to Home initiative in northern Derbyshire has responded to this evidence and made changes that have been instrumental in enabling patients to be discharged into a pathway which better matches their level of need. We believe our plans for Erewash will enable more patients to be discharged into a pathway which better matches their level of need.

When a patient is assessed as no longer requiring acute hospital care their needs are reviewed to understand what ongoing support they may require. 90% of people aged over 65 are able to go home without additional support and the remaining 10% are assessed to understand which pathway of care is most suitable for them. The box below explains what we mean when referring to the three different pathways.



If a patient requires pathway one or pathway two care, but there is no capacity in these areas then the patient has to either remain in acute hospital care or be transferred to

the next highest care setting. This can mean that someone who could have gone home goes to a care home, or a patient who doesn't require 24 hour nursing goes to a community hospital ward. This means that patients sometimes spend too long in bed based care which can cause physical, psychological, cognitive and social deconditioning resulting in lost independence.

Understanding local needs

We have tracked the places that patients were referred to for their rehabilitation care and support following their stay in hospital. This helps us to understand whether the pathway they were assessed for was actually the same one that they were discharged to and where the differences are.

For example for Erewash patients, a snapshot of activity during the 14 week period, Feb-May 2019, was as follows:

Pathway	Patients assessed as needing pathway	Patients discharged on pathway	Difference
P1	59	57	-2
P2	40	14	-26
P3	50	78	+28

How care will be organised in Erewash

Community Support Beds

Utilising the information from the reviews and taking into account the fact that there would continue to be access to beds at Florence Shipley which is a care home in Heanor currently used for Erewash patients, we plan to commission eight community support beds within Erewash.

Community support beds have three elements which distinguish them from standard care home beds. They have:

- Enhanced social staffing ratios with a focus on re-ablement
- Therapy input to support physical rehabilitation
- Additional clinical cover in the form of Advanced Clinical Practitioners supported by a General Practice with whom the patient is temporarily registered

We have been working with Derbyshire County Council to identify a suitable location for the community support beds within Erewash and have agreed that Ladycross House Care Home in Sandiacre is the best available location currently.

Derbyshire County Council is also finalising proposals for a purpose built facility in the Ilkeston area to replace some of the existing adult social care bed provision. With this in

mind we will review the location of the community support beds in the future. Your feedback on this area will also inform any review we do.

A reduction in the community hospital beds (as set out below), would release Advanced Clinical Practitioner capacity and therapists to be able to support the community support beds. For more information about Advanced Clinical Practitioners, visit www.nhsemployers.org

Community Hospital Beds
We believe that by providing more community support beds, increasing the number of care staff and providing additional health input to support rehabilitation, we can reduce the number of pathway three beds at Ilkeston Community Hospital. This means we will be commissioning a full ward of 16 beds with the flexibility to expand to 18 beds during times of pressure, such as winter.

Integrated Community Team
To be able to increase the number of patients supported at home and to provide therapy support to the other pathways, our plans include ensuring that the integrated community team has sufficient staffing to meet the health rehabilitation needs.

In addition to the changes in the numbers of beds and home support as described above we support an approach whereby nursing and therapy teams are able to be flexible during extremely busy times and provide support where needed across the pathways

Our commitment to you
We want to reassure people that the plans put forward in this document have no bearing on the future of Ilkeston Community Hospital; there are no plans to close Ilkeston Community Hospital.

Improving the planning and delivery of services
To ensure that we provide the highest quality and most up to date care possible we continue to work with all health and care providers in Derbyshire to improve the planning and delivery of services. The purpose of working together is to ensure that patients move quickly and easily between settings and services and that we make the best use of all available facilities.

This work includes activities such as early planning for discharge to identify and plan for ongoing needs, flexing workforce capacity according to need and tracking data to predict demand. All these actions support reducing the amount of time people spend in a hospital bed and enable even more patients to be cared for within the same resources. We believe that the plans outlined in this document support the ongoing delivery of this work.

Engagement

We recognise the importance of ensuring public, staff, patients and the wider Ilkeston community are informed about and involved in the development of health services in their area and so we launched a 60 day period of engagement on 27 June 2019 which will last until 25 August to enable people to share their views on our plans. This will help us to understand any unintended consequences of implementing the planned changes. The Governing Body will consider the engagement feedback in September 2019.

Ways to give us your feedback
You can find more information on our website:
http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/

You can complete an online survey:
https://www.surveymonkey.co.uk/r/ChangingtheprovisionofcommunityrehabilitationinErewash

You can find a copy of this survey to print on our website:
http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/

You can send a paper copy of the survey to:
Freepost SOUTHERN DERBYSHIRE CCG

Please note there is no need to write anything else on the envelope

If you have any questions or would like to provide feedback via email please contact Claire Haynes, Involvement Manager:
Email: Claire.Haynes2@nhs.net
Telephone: 01332 868 677

We are in the process of setting up other opportunities for people to share their views and ask questions. Please check our website for details.
http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/

Appendix 5 - letter to stakeholders:

1st Floor North
Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

Tel: 01332 868 677
www.derbyandderbyshireccg.nhs.uk

Reference: **Changing the provision of community rehabilitation in Erewash**

Date: 28th June 2019

Dear …

As NHS Derby and Derbyshire Clinical Commissioning Group (CCG) we are responsible for allocating the budget for healthcare in Derbyshire and we work with all regional health partners, including hospitals, to ensure that we provide the highest quality and most up to date care possible. Part of this work requires us to periodically check that services are organised in the best way to meet current and future needs.

Before leaving hospital every patient is assessed to determine the type of care they need to support them with their recovery. We provide three types of care to patients who have ongoing support needs for their rehabilitation when they are discharged from a major hospital. We call these different types of care “Pathways.”

In the Erewash area we have identified through our latest figures that we have too much of some types of care and not enough of other types, meaning patients don’t always get what is best for them.
To address this we have agreed that changes are needed to these types of care in Erewash. The planned changes include providing more community support beds in local authority care homes and increasing the number of care staff alongside providing additional health input to support rehabilitation for people at home.

The provision of rehabilitation care and support that better meets the needs of our patients means that there is less need for community hospital beds and so our plan includes reducing them by eight.
Below is a survey that provides opportunity for you to share your thoughts.
If you wish to complete the survey or require further information please see our public website: http://www.derbyandderbyshireccg.nhs.uk/have-your-say/engagements/changing-the-provision-of-community-rehabilitation-in-erewash/

If you have any questions or would like to talk to someone please contact our Engagement Manager, Claire Haynes, by calling 01332 868 677 or emailing ddccg.enquiries@nhs.net

Thank you for taking the time to read this information and for any feedback you are willing to share.

Yours sincerely,
Engagement Manager

Appendix 6 – Presentation Slides

Setting the scene

- Opportunity to share updates and listen to you
- To confirm that we have no plans to close Ilkeston Community Hospital
- The model we will explain follows national best practice
- Understand concerns and some people feel strongly:
  - priority is to provide the best treatment and care for our patients
  - important to understand the detail
  - engagement is important

What we are doing

- Changing the way we provide rehabilitation care
- Following latest thinking on rehabilitation care
- Working closely with health and social care partners
- Engaging with public, patients, stakeholders and others
- This is an ongoing process of developing and improving rehabilitation care across the whole county.

Pathways explained

Pathway 1 – patient's home with social and/or health

Pathway 2 – residential care delivered in a community support bed from health and social care

Pathway 3 – Ilkeston Community Hospital bed with 24 hour care

What is a community support bed (Pathway 2)?

- Bed in a residential home to help people regain independence
- More social care support staff
- Extra therapy, eg, OT and physio input
- Supported by Advanced Clinical Practitioner and GP
- Average stay is 2 weeks
- No cost to patient

Current position

Patients going out of Erewash for care, or int hospital unnecessarily.

The new model - right care in the right place

Explaining the local picture

- Every patient leaving an acute hospital is assessed for their needs
- The assessment gives us a picture of the type of rehabilitation care that people need
- This has made it clear that we have the wrong mix of beds with too many P3 beds and not enough P2 beds locally
- We have included capacity for patients to still be admitted from home if necessary.

How we will deliver these changes

- Worked with Derbyshire County Council to identify a suitable location for the community support beds
- Identified Ladycross House Care Home in Sandiacre as the best currently available location
- Plan to maintain 16 hospital beds at Ilkeston Community Hospital
- Re-investment to fund therapists, nurses and support staff for patients at home
- Re-investment in clinical support for the Ladycross beds to include Advanced Clinical Practitioner and GP cover, physio, OT and support with rehabilitation.

Making sure it's working

We will:

- Monitor whether people's assessed needs are met once the changes are in place
- Track the final outcome including re-admission rates.
- Use flexibility to enable us to respond to any increase in demand, eg winter

Appendix 7 – Media Coverage

Source: Derbyshire Times (Ilkeston)
Date: 13/06/2019
Page: 6
Reach: 24959
Value: 5349.96

Hospital set to axe beds in bid to cut £69m from budget

MP accused of failing to keep promise on the issue

SPECIAL REPORT

By Ed Dowsett
edward.dowsett@peelmedia.co.uk
@EdwardDow

Derbyshire NHS bosses have confirmed proposals to cut the number of beds at Ilkeston Community Hospital, prompting an accusation that Erewash MP Maggie Throup has failed to keep her promise on the issue.

The board of NHS Derby and Derbyshire Clinical Commissioning Group (CCG) met on Thursday, June 6, to consider the case for cutting capacity from 34 beds to 16-18.

The CCG, which announced plans to cut £69.3million from its budget in April, will formally launch a period of public engagement on the proposals later this month, with a final decision due in September.

Medical director Dr Steve Lloyd said: "Clinically making these adjustments to the kind of care offered is definitely the right thing for patients.

"I can understand any talk about changing bed numbers at a local hospital may sound concerning but as we found in the north of the county when we instituted similar changes the quality of care nearer to home improves."

The number of beds in Ilkeston was already cut from 52 last year, as the CCG looks to deliver more care and rehabilitation services in patients' homes or social care setting.

A report to Thursday's meeting outlined research carried out this spring, which appeared to show that a majority of patients who could not be discharged from the hospital without further support could have their clinical needs met more effectively in other settings.

The CCG is therefore proposing to match the bed cuts by increasing its capacity for home care from 27 spaces to 37, and for 'supportive bed care' elsewhere in the community from three spaces to 12.

Dr Lloyd said: "There is robust evidence indicating that delay in transfer from hospital based care to care in the community is associated with poorer outcomes in terms of mobility and long-term ability to self-care.

"We've already got excellent staff and services in Ilkeston – we just need to make sure the balance of what is offered keeps up with the type of care needed so patients are looked after in the right way for them."

> *'As we found in the north of the county when we instituted similar changes, the quality of care nearer to home improves'*

The plans have reportedly been shared with partner organisations across health and social care and received support, however there has been some dissent among local political figures.

Labour's parliamentary candidate Catherine Atkinson, who gathered 1,000 signatures with a petition against bed cuts in 2018, said: "This news is sadly not unexpected but is devastating for Ilkeston and is why I have been campaigning against bed closures since last summer. I'll continue to fight for our hospital.

Labour candidate Catherine Atkinson, above, has been campaigning to save beds at the hospital for the past year; MP Maggie Throup, below.

1 of 3

Source: Derbyshire Times (Ilkeston)
Date: 20/06/2019
Page: 43
Reach: 24959
Value: 863.28

Proposals do not mean hospital is under threat

Maggie Throup, Erewash

The hot topic around Ilkestonof late has been the future of Ilkeston Community Hospital. This is in relation to in-patient beds as the local Clinical Commissioning Group (CCG) looks to improve the range of support available for patients who need rehabilitation.

I have already been in contact with the chief executive of Derby and Derbyshire CCG to express my concerns about certain aspects of the proposals. He reassures me that the best interests of the patient will, quite rightly, always be at the heart of any changes.

It's important not to over-medicalise old age and always have the goal of ensuring patients are treated in the right place at the right time, recognising that so often the best place to rehabilitate is in our own homes.

It's also important to remember that our hospital is more than just beds, it serves our community as an outpatient hub and has a brilliant diagnostic and treatment centre, as well as the minor njuries unit.

To reiterate, whilst the proposals may change the way our community hospital delivers its services, they in no way mean that the hospital is under threat of closure as has been so recklessly suggested by the Labour Party in the past. Our healthcare facilities should not be used as a political football.

Nationally, over the next few weeks the Conservative

> It's also important to remember that our hospital is more than just beds, it serves our community

Source: Ilkeston Advertiser (Web)
Date: 10/07/2019
Page: 2
Reach: 2440
Value: 66

Campaign meeting discusses how to fight Ilkeston hospital bed cuts

Grassroots campaign groups met in Ilkeston on Tuesday night to discuss how best to oppose plans to axe half of the beds at the town's hospital.

NHS campaigners, supporters of the Protect Ilkeston Community Hospital Facebook page, Labour Party representatives, hospital staff, and other concerned residents met to discuss the plans which were revealed last month.

They heard from health experts and discussed the context in which Derby and Derbyshire Clinical Commissioning Group (CCG) is making the case for changes in the way its services are delivered.

Bradd Farnsworth, 26, who set up the Facebook page, said: "My mum worked at the hospital until recently and I know other staff who are frustrated by job losses and cuts when the demand for care is so high.

"The 'care in the community' model being proposed is not right for many patients, but they do want a hospital close to home. It's better to have patients to be completely rested and recuperated in a controlled environment rather than take chances with them going home too early."

He added: "As a local resident I am tired of Ilkeston in general being second best when it comes to surrounding areas, and we don't deserve it, we're tired of fighting to keep our town going.

More than 60 people gathered at the Cantelupe Centre in Ilkeston on Tuesday night to discuss their opposition to planned bed cuts at the town's hospital.

"Why should Ilkeston lose beds and staffing levels to compensate incompetent budget management from those higher up."

Part of the meeting was dedicated to discussion of the CCG's finances, with the organisation attempting to cut £69.5million from its budget this year.

As well as disagreements about the most effective clinical care approach, there is also a political dimension to the row.

Erewash MP Maggie Throup gave assurances that there would be no further cuts to bed numbers after initially reductions to the hospital's capacity last year.

Labour's parliamentary candidate Catherine Atkinson.

Catherine Atkinson, Labour's prospective parliamentary candidate, said: "Of course a hospital is more than just beds, but if you take out beds, staff and patients - eventually it becomes just an empty building.

"But in recent years we have seen cut after cut. We saw bed cuts and ward closures in 2012. The Walk in Centre and GP surgery were closed in 2013. They closed the Minor Injuries Unit at night in 2014 and cut the hours again last year.

"This is not improving services. It is cutting services. Five years ago we had 44 beds, last year we had 32. Reducing beds to 16 is a huge blow not only to our community but to everyone who will see greater pressure at other hospitals including in Nottingham and Derby."

She added: "After the last public meeting the MP promised no bed cuts. It is important that she is held to account on that pledge.

Maggie Throup MP

"We've had a hospital in Ilkeston for over 100 years. I want to ensure that we still have one for the next 100."

CCG representatives and Erewash MP Maggie Throup were invited to the meeting but did not attend.

Contrary to online speculation that the MP refused to take part, she was actually required in London for parliamentary votes on important legislation related to Northern Ireland.

Source: Derbyshire Times (Ilkeston)
Date: 11/07/2019
Page: 2
Reach: 24959
Value: 1255.32

Hospital campaign groups make plans

By Ed Dingwall
edward.dingwall@jpimedia.co.uk
@IlkestonTiser

Grassroots campaign groups met in Ilkeston on Tuesday night to discuss how best to oppose plans to axe half of the beds at the town's hospital.

NHS SOS, supporters of the Protect Ilkeston Community Hospital Facebook page, Labour Party representatives, hospital staff, and other concerned residents met to discuss the plans which were revealed last month.

They heard from health experts and discussed the context in which Derby and Derbyshire Clinical Commissioning Group is making the case for changes in the way its services are delivered.

Ilkeston Community Hospital.

Bradd Farnsworth, 26, who set up the Facebook page, said: "My mum worked at the hospital until recently and I know other staff who are frustrated by job losses and cuts when the demand for care is so high.

"They are paying for incompetent budget management.

"The 'care in the community' model being proposed is not right for many patients, but they do want a hospital close to home."

CCG staff and Erewash MP Maggie Throup were invited to the meeting but did not attend.

The CCG is hosting its own drop-in event at Charnos Hall on the hospital site, between 2-6pm, on Monday, July 15, as part of a public consultation process.

It is also running a survey of residents online at https://bit.ly/2YfX0Kp.

Source: Derby Telegraph
Date: 12/07/2019
Page: 22
Reach: 18903
Value: 1215.76

NHS change can be scary, but it is for the best

AS our National Health Service celebrates its 71st birthday I would like to wholeheartedly thank everyone who works in the NHS for their commitment and dedication, many throughout their whole career.

Ilkeston Community Hospital is a prime example of everything that is good about our NHS. It provides general rehabilitation, end of life care and post-operative rehabilitation for adults following discharge from acute hospitals or from home. It also has a busy diagnostic and treatment centre, walk-in centre and outpatients.

It is only right that every public service is scrutinised to ensure it is providing the most appropriate service and in the right place. The Derby and Derbyshire Clinical Commissioning Group (CCG), which is responsible for commissioning health provision across Erewash, has been carrying out such scrutiny.

I am sure everyone will agree that patients must always be at the heart of every decision made at all levels of the NHS. And with record additional funding going into the NHS over the next few years, decisions to change provision definitely should not need to be based on money.

There is strong evidence that in the first 24 hours in hospital, elderly patients lose two to five per cent of their muscle strength, rising to ten per cent in the first seven days. We should not be over-medicalising old age and always have the goal of ensuring patients are treated in the right place at the right time, recognising that their own home is so often the best place.

It is on this basis that the CCG has evaluated the current provision and now, based on evidence, is proposing to increase community support and provision as well as increase capacity to support people at home, therefore reducing the need for the current number of beds at Ilkeston Community Hospital.

In essence, this means bed-based care should be the last resort, shifting focus into preventative care and care in homes. 'Success' therefore, will see fewer individuals needing to be admitted to community hospitals, hence the reduction in beds.

Whilst these proposals do seem to put the patient at the heart of the changes, I do have concerns about the quality of care at some of the alternative locations, whether full consideration of trends in population needs have been made and the undoubted retraining that some NHS staff will be expected to undergo.

The first Ilkeston General Hospital was built by the people of Ilkeston 126 years ago at a time when healthcare was still very much in its infancy and long periods of bed rest were considered the only way of getting patients back on their feet.

As custodians of this legacy, we must ensure that Ilkeston Community Hospital is delivering the most effective outcomes for patients in the modern age. This is not about the cost of healthcare provision or 'cuts' to funding, indeed the Government is providing record levels of investment for our NHS through the Long-Term Plan.

I accept that change can often be a scary process exacerbated by the emotional attachment we all have for our Community Hospital. However, we must not dismiss modern methods of patient care nor use them as a political football.

CCGs were established to ensure that it is clinicians rather than politicians who are making the decisions about how to best deliver localised healthcare, tailor made to the individual needs of the communities they serve.

I would therefore suggest that we must trust their professional decisions and judge them on their result. The most important thing is that Ilkeston continues to be served by a successful Community Hospital which delivers the best outcomes for patients for generations to come.

Source: Ilkeston Advertiser (Web)
Date: 15/07/2019
Page: 8
Reach: 2440
Value: 66

NHS begins public engagement process over Ilkeston hospital bed cuts

NHS Derby and Derbyshire Clinical Commissioning Group has begun the process of public engagement about plans to cut beds at Ilkeston Hospital.

The proposals have proved controversial since they were first revealed last month, but health leaders want to set out the positive case for changing the way services are delivered.

CCG director Zara Jones said: "Robust evidence, both local and national, shows patients who are discharged to the right type of care when they come out of hospital recover more quickly.

"Work to make these sort of adjustments to the care services offered has already been very successful in north Derbyshire through our 'Better Care Closer to Home' initiative.

She added: "We're keen to hear from as many people as possible during our local conversations so we can share how plans will be implemented and understand what local people, patients, staff and other key organisations think.

"We will take on board all comments and make sure all implications of these changes are planned for."

The CCG and Derbyshire Community Health Services NHS Foundation Trust, which provide services both in the local area and at Ilkeston Community Hospital, will be holding a series of drop-in sessions for the public to ask questions.

These will take place at Charnos Hall, Ilkeston, between 2pm and 6pm on Mondays July 15 and 29, and August 12.

According to the CCG's plans, resources will be redirected away from hospital beds—reduced from 24 to 16—to ensure that rehabilitation services match the needs of the local population.

Capacity for delivering care at home will rise to 37 spaces from the current 27, while supportive bed care spaces—delivered in settings such as care homes—will rise from three to 11.

The care pathways in question are for those leaving acute care at the hospital, who continue to require help but not necessarily at the level of a medical nursing ward.

William Jones, chief operating officer for Derbyshire Community Health Services NHS Foundation Trust, said: "We are confident these plans will support our patients and help them recover more quickly as they're cared for in the most appropriate setting."

Dr Steve Lloyd, medical director for the CCG, said: "There are excellent NHS staff and services in Ilkeston already. All we intend to do is ensure the balance of what's offered keeps up with the type of care patients' need so we look after them the right way."

For more information about the plans and an online survey to leave feedback, go to https://bit.ly/2YfX6Kp .

Unattributed
[sourcelink]https://www.ilkestonadvertiser.co.uk/news/nhs-begins-public-engagement-process-over-ilkeston-hospital-bed-cuts-1-9876957 [/sourcelink

Source: Derby Telegraph
Date: 17/07/2019
Page: 9
Reach: 18903
Value: 2089.36

Health bosses had considered cuts to hospital beds last winter

By EDDIE BISKNELL
Local democracy reporter

HEALTH chiefs had considered plans to cut beds at Ilkeston Community Hospital last winter, it has been revealed.

Plans are currently out to consultation to reduce the number of hospital beds at the Heanor Road site from 24 to 16.

The hospital did have 32 beds before winter, but in June it was announced that this had fallen due to "operational staffing difficulties".

On Monday, July 15, in a meeting of Derbyshire County Council's health scrutiny committee, Derbyshire health chiefs revealed the plan to cut beds had been considered last winter.

The only reason it was not progressed, they said, was due to the so-called "winter pressures" which already placed a burden on health services.

Back in September, health chiefs repeatedly denied beds were set to be closed at the Ilkeston hospital and that none had been closed. This was despite staff claiming they had already been told of incoming bed cuts – in the region of six to 10 beds.

However, last month, the Derby and Derbyshire Clinical Commissioning Group (CCG) revealed that beds were indeed set to be cut at Ilkeston. It aims to reduce the number of community hospital beds, in favour of creating more beds in nursing homes and providing more assistance in people's homes.

Now, it has come out that health leaders had contemplated the plan more than half a year ago, and shortly after denying any such scheme.

At a county council scrutiny meeting, Zara Jones, executive director of commissioning operations at the CCG, said: "We had intended to start this [the bed changes] last winter but didn't have the time to prepare going into winter capacity issues."

Ms Jones also said it was important not to start the process of preparing to make the proposed changes until after the consultation closes on Monday, August 26.

However, she did say that the CCG needed to be ready and have time to make the changes in time for this winter – if they are approved in September by the organisation's trust board and taking into account the consultation.

Ms Jones and Dr Steve Lloyd, the CCG's medical director, both repeated that the overall capacity for beds in Erewash would be increased.

This, they said, was to ensure that the NHS system in Erewash had the right type of beds in the right place.

The CCG intends to open up eight more beds in a nursing home – Florence Shipley, in Heanor, outside of Erewash in the neighbouring borough of Amber Valley. This would take care home beds to 11.

Meanwhile, supported care at home would be increased from 27 "slots" to 37.

The county council would lend assistance from its re-ablement teams

Source: Derbyshire Times (Ilkeston)
Date: 18/07/2019
Page: 4
Reach: 24959
Value: 867.24

NHS holds Q&A over bed cuts

By Ed Dingwall
edward.dingwall@jpimedia.co.uk
@IlkestonTiser

NHS Derby and Derbyshire Clinical Commissioning Group has begun the process of public engagement about plans to cut beds at Ilkeston Hospital.

The proposals have proved controversial since they were first revealed last month, but health leaders want to set out the positive case for changing the way services are delivered.

CCG director Zara Jones said: "Robust evidence, both local and national, shows patients who are discharged to the right type of care when they come out of hospital recover more quickly.

"Work to make these sort of adjustments to the care services offered has already been very successful in north Derbyshire through our 'Better Care Closer to Home' initiative."

She added: "We're keen to hear from as many people as possible during our local conversations so we can share how plans will be implemented and understand what local people, patients, staff and other key organisations think.

"We will take on board all comments and make sure all implications of these changes are planned for."

The CCG and Derbyshire Community Health Services NHS Foundation Trust, which provide services both in the local area and at Ilkeston Community Hospital, will be holding a series of drop-in sessions for the public to ask questions.

The first session took place at Charnos Hall, Ilkeston, on Monday, July 15, and more will follow on Mondays, July 29, and August 12, 2–6pm.

According to the CCG's plans, resources will be redirected away from hospital beds—reduced from 24 to 16—to ensure that rehabilitation services match the needs of the local population.

Capacity for delivering care at home will rise to 37 spaces from the current 27, while supportive bed care spaces—delivered in settings such as care homes—will rise from three to 11.

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William Jones, chief operating officer for Derbyshire Community Health Services NHS Foundation Trust, said: "We are confident these plans will support our patients and help them recover more quickly as they're cared for in the most appropriate setting."

Dr Steve Lloyd, medical director for the CCG, said: "There are excellent NHS staff and services in Ilkeston already. All we intend to do is ensure the balance of what's offered keeps up with the type of care patients' need so we look after them the right way."

■ For more information about the plans and an online survey to leave feedback, go to https://bit.ly/2YfX6Kp.

Source: Derbyshire Times (Ilkeston)
Date: 25/07/2019
Page: 1
Reach: 24959
Value: 5163.84

HOSPITAL BED CUT PLANS REVEALED

BY EDDIE BISKNELL
news@ilkestonadvertiser.co.uk
@IlkestonTiser

Health chiefs had considered plans to cut beds at Ilkeston Community Hospital last winter, it has been revealed.

Plans are currently out to consultation to reduce the number of hospital beds at the Heanor Road site from 24 to 16.

The hospital did have 32 beds before winter but in June it was announced that this had fallen due to 'operational staffing difficulties'.

Now at a meeting of Derbyshire County Council's health scrutiny committee, health chiefs revealed that the plan to cut beds had been considered last winter.

The only reason it was not progressed, they said, was due to the then incoming winter pressures.

TURN TO PAGES 6&7

Source: Derbyshire Times (Ilkeston)
Date: 25/07/2019
Page: 1
Reach: 24959
Value: 5163.84

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Now at a meeting of Derbyshire County Council's health scrutiny committee, health chiefs revealed that the plan to cut beds had been considered last winter.

The only reason it was not progressed, they said, was due to the then incoming winter pressures which already placed a burden on health services, without having to enact more changes.

Back in September last year, health chiefs repeatedly denied that beds were set to be closed at the Ilkeston hospital and that none had been closed.

This was despite staff claiming they had already been informed of incoming bed cuts – in the region of six to 10 beds.

However, last month, the Derby and Derbyshire Clinical Commissioning Group (CCG) announced its U-turn that beds were set to be cut at Ilkeston.

It aims to reduce the number of community hospital beds, in favour of creating more beds in nursing homes and providing more assistance in people's homes.

But now, it has come out that health leaders had contemplated the plan more than half a year ago, and shortly after denying any such scheme.

In this week's county council scrutiny meeting, Zara Jones, executive director of commissioning operations at the CCG, said: "We had intended to start this (the bed changes) last winter but didn't have the time to prepare going into winter capacity issues."

Ms Jones also said that it was important not to start the process of preparing to make the proposed changes until after the consultation closes on Monday, August 26.

However, she did say that the CCG needed to be ready and have time to make the changes in time for this winter – if they are approved in September by the organisation's trust board and taking into account the consultation.

Ms Jones and Dr Steve Lloyd, the CCG's medical director, both repeated that the overall capacity for beds in Erewash would be increased.

This, they said, was to ensure that the NHS system in Erewash had the right type of beds in the right place.

As a result, the CCG intends to open up eight more beds in a nursing home – Florence Shipley, in Heanor, outside of Erewash in the neighbouring borough of Amber Valley.

This would take care home beds to 11.

Meanwhile, supported care at home would be increased from 27 "slots" to 37.

The county council would lending assistance from its re-ablement teams to make this possible.

Councillors on the scrutiny committee stressed the need to hire more qualified carers to help pick up the added demand – and that meeting current demand was a challenge already.

Coun David Taylor, chairman of the committee, questioned how there was not a demand for more hospital beds when there is an increasingly ageing population.

Ms Jones responded that while there is an ageing population, they are not always in need of a hospital bed – and that one in a care home or in their own home would better suit them.

She said: "We have done some robust modelling and we do need more capacity, but in a different setting.

"We are not moving away from community hospital beds, we are just looking at capacity overall."

She said, in Erewash, patients were frequently being placed in beds that were better suited for people with higher needs.

Dr Lloyd said that figures from NHS Improvement showed that older patients'

2 of 4

Source: Derbyshire Times (Ilkeston)
Date: 25/07/2019
Page: 1
Reach: 24959
Value: 5163.84

conditions sometimes deteriorated rapidly in hospital beds, but sometimes improved or had more slight deterioration if they were cared for in their own homes.

He said: "This is the right thing to, there is no doubt in my mind – this is the direction of travel we need to see to help people with complex problems.

"We will be able to get better quality care for our patients."

> *'We had intended to start this (the bed changes) last winter but didn't have the time to prepare going into winter capacity issues'*

Campaigners gather in Ilkeston at a recent protest about the hospital cuts.

Source: Derbyshire Times (Ilkeston)
Date: 25/07/2019
Page: 1
Reach: 24959
Value: 5163.84

More than 60 people gathered at the Cantelupe Centre in Ilkeston recently to discuss their opposition to planned bed cuts.

Share your views on hospital plans

The trust is hosting drop-in sessions for residents to discuss the changes at Charnwos Hall on the Ilkeston hospital site at the following times and dates:

- Monday, July 29, 2-6pm.
- Monday, August 12, 2-6pm.

Ilkeston hospital had **32 beds** before winter

There are now plans to reduce the number from **24** to **16**

Ilkeston Community Hospital.

Source: Derbyshire Times (Belper)
Date: 08/08/2019
Page: 5
Reach: 2149
Value: 1683

Groups hold protest over hospital cuts

By Ed Dingwall
edward.dingwall@jpimedia.co.uk
@BelperLatest

NHS campaign groups staged a protest outside Babington Hospital last week to call attention to ongoing uncertainty about the future of health services in Belper.

Mayor of Belper Simon Mallett joined the roadside demonstration, which was aiming to deliver its message to passing motorists and pedestrians.

Resident Keith Venables said: "Plans to close Babington were confirmed last year with the loss of 18 nursed beds and 160 parking spaces.

"We were promised two things: a new clinic on Derwent Street minus nursed rehab and respite beds, and surplus bed provision in Ilkeston Hospital.

"But where are we at now? Development on Derwent St appears to have stalled at the preliminary planning stage.

Ilkeston Hospital is faced with a reduction from 32 to 16 beds."

He added: "In spite of paying a hefty annual rent to NHS Properties, vital maintenance and upgrading has been neglected since only one outcome was planned — the sale of our hospital to private developers."

Fellow protester Mike Jones said: "If this goes ahead a vast swathe of south Derbyshire will have just 16 nursed beds for rehab, respite and end of life care.

"No one knows where the many services provided by the clinic at Babington will be relocated. Many patients already face long and arduous journeys for essential treatment. Other, discharged from acute beds too soon, boomerang back to A and E."

He added: "What fate awaits those suffering at home in what are now termed 'pathway one' beds — your own bed at home with inadequate support?" That account of the situation is disputed by NHS Derby and Derbyshire Clinical Commissioning Group (CCG) which is responsible for overseeing service provision across the county.

> *'No one knows where these services will be relocated to'*

A spokesperson said: "The county council's work on the new building in Derwent Street is well underway and that will include the 10 community support beds.

"Derbyshire Community Health Services NHS Foundation Trust continues to work on developing a proposal for the remaining services."

"No decision has been made by NHS Property Services regarding the future use of Babington's buildings so it is not true to claim a "private developer" is going to buy it.

"It is not true to suggest maintenance has not been carried out, and building standards form part of routine statutory checks," the spokesperson added.

Source: Derbyshire Times (Ilkeston)
Date: 08/08/2019
Page: 6
Reach: 24959
Value: 4870.80

Public 'fobbed off' over plans for hospital

FEATURE

By Eddie Bisknell
news@ilkestonadvertiser.co.uk
@IlkestonTiser

A protester confronted health chiefs and accused them of 'fobbing off' the public over plans to cut beds at Ilkeston Community Hospital.

During a meeting of the Derby and Derbyshire Clinical Commissioning trust board, in Ilkeston, one member of the public took issue with what he thought was a lack of willingness from health chiefs to answer questions.

The CCG's chairman, Dr Avi Bhatia, said that questions sent to the CCG would be answered within two weeks and that the meeting was not a public one – but was simply being held in full view of the public.

Ilkeston resident Des Ball has become the face of the fight against hospital bed cuts in the town.

He interrupted the meeting, which was held last Thursday, August 4, despite repeatedly being told that questions submitted by hospital campaigners would not be answered.

Ilkeston campaigners are opposing plans to reduce the number of beds at the town's community hospital from 24 to 16.

This follows a reduction from the 32 beds the hospital had over the winter and despite promises that beds would not be reduced.

Hospital beds would be replaced with increases in community nursing beds and care in people's own homes as part of the proposals.

Dozens of protesters rallied outside the meeting but only around six could attend due to the size of the room it was being hosted in, at Tollbar House.

Mr Ball said in the meeting: "I have no doubt at all that you all mean well but this is not in our best interests, this will not save lives.

"There has been a lot of talk today about assurances, but how can any of us believe what you are saying when you promise things and then go back on them.

"There is a complete lack of consultation here, surely we should be involved in the process at some point?

"You are all public servants and we are the public, we would like to ask questions and we are being fobbed off.

> *'How can any of us believe what you are saying when you promise things and then go back on them'*

"It is very frustrating."

Dr Bhatia agreed that it must be frustrating to attend a meeting and not be allowed to ask questions but that procedure dictates questions can be submitted but the public cannot speak at the CCG's meetings.

He reiterated that all questions would be answered within two weeks.

Dr Chris Clayton, chief executive of the CCG, said during the meeting that the organisation had been doing "increasingly well with engagement" in the past year.

In response, members of the public present at the meeting said "wow" and "what a joke".

Last month, we revealed that health chiefs had considered cutting beds at Ilkeston Community Hospital last winter, shortly after saying at a public meeting that no such plans were in place.

Health chiefs say that Erewash currently does not have bed capacity in the right areas, with a need to focus on less extreme areas than hospital care. As a result, the CCG intends to open up eight more beds in a nursing home – Florence Shipley, in Heanor, outside of Erewash in the neighbouring borough of Amber Valley.

This would take the number of care home beds to 11.

Meanwhile, supported care at home would be increased from 27 "slots" to 37.

There is one remaining public drop-in session to be held at Charnos Hall on the Ilkeston hospital site on Monday, August 12 from 2pm to 6pm.

For more information about the plans and an online survey to leave feedback, go to https://bit.ly/2YfX6Kp

Source: Derbyshire Times (Ilkeston)
Date: 15/08/2019
Page: 1
Reach: 24959
Value: 934.56

Hospital staff quit over fears of closure

BY EDDIE BISKNELL
news@ilkestonadvertiser.co.uk
@IlkestonTiser

A number of staff at Ilkeston Community Hospital have already quit their jobs due to the 'fear' that the site could be closed.

The health organisations responsible for the site, along with the union which defends its staff, have said that there is no plan for the hospital to close and that the rumour that it might be is damaging.

At a public meeting, residents, campaigners and health chiefs met to set the record straight and ask questions about the potential reduction of beds at the Ilkeston hospital site to 16.

Union representatives from Unison said that campaigners must not spread a rumour that the hospital could close, saying that 'staff have left out of fear of it closing'.

They said: "These people have enough to worry about as it is with their jobs in the hospital, and just like the rest of us, they have mortgages to worry about too. They don't need to be worrying about the hospital closing and losing their jobs."

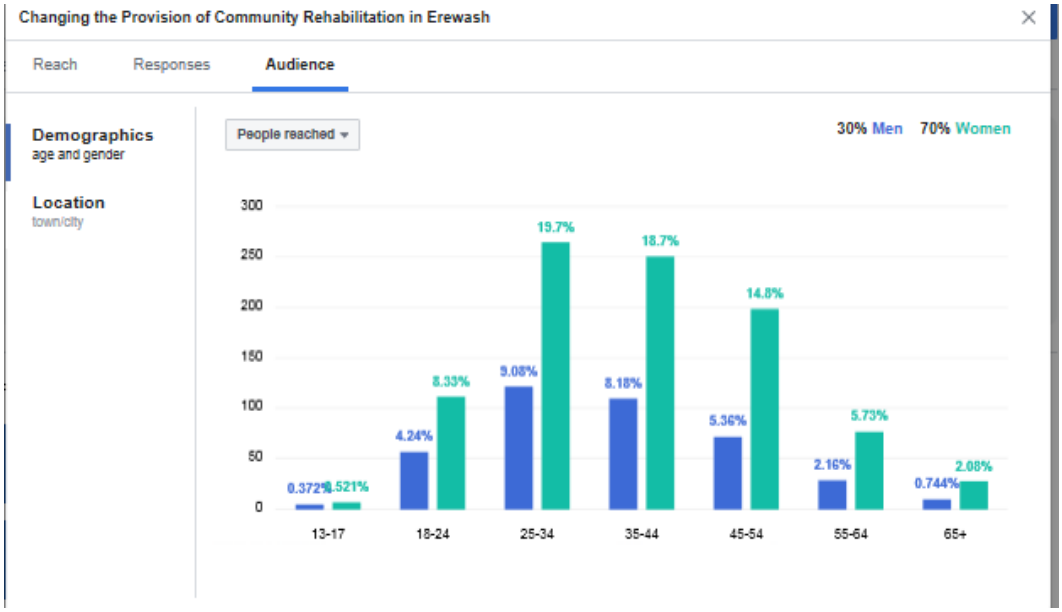
FULL STORY: PAGE 13 →

Appendix 8 – CCG Website Statistics

CCG DROP IN SESSIONS:

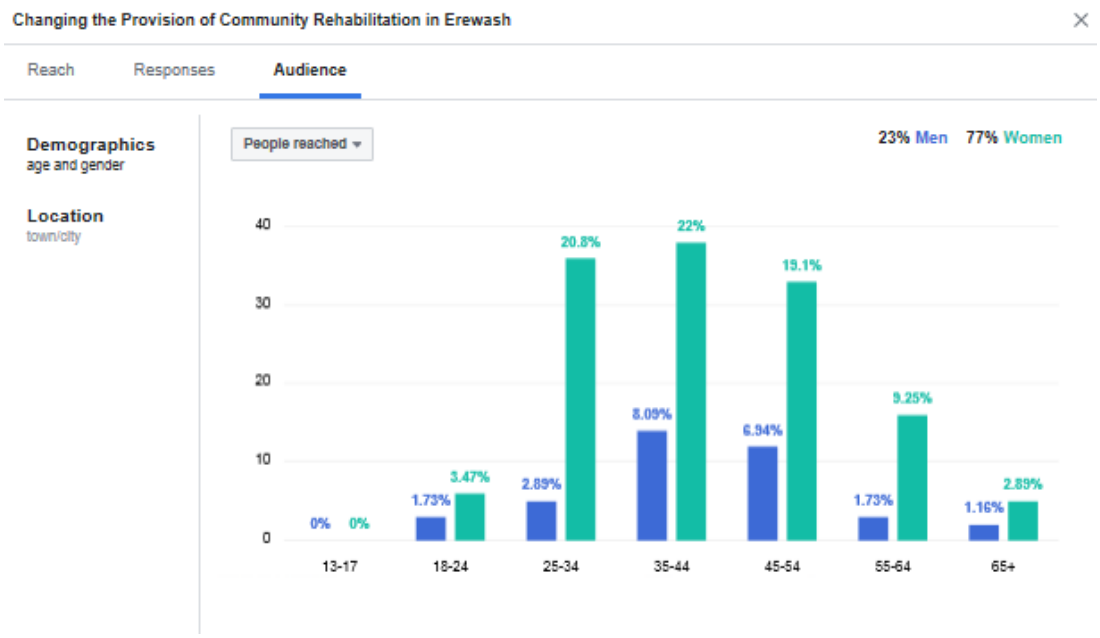
Bitly link published via social media – 4 people clicked from Facebook

15th July event:
1.3K reach
44 people viewed the event page
3 people engaged with the page (this could be liked, shared etc)



29th July event:
119 reach
20 people viewed the page
1 person responded

12th August event:
177 reach
21 viewed the page
0 responses

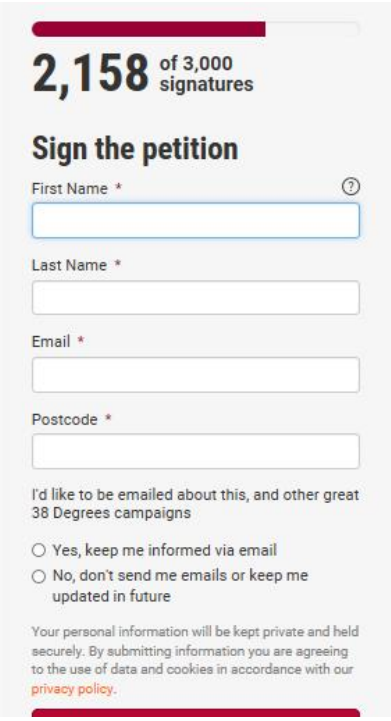


Appendix 9 – Social media activity:

Social Media: Save Ilkeston Hospital

Ilkeston Life has published this article on Twitter.
Councillor James Dawson of Awsworth Rd, Erewash has shared a link to a petition to 'save Ilkeston hospital'.

A page has been created on Facebook dedicated to the hospital and signing petitions and updates can be found here:
https://www.facebook.com/245339672773539/posts/412086052765566/?sfnsn=mo



As displayed here on the petition page (link can be found through Facebook link above) the petition was set up for other points outside of this service change so the total signatures cannot be stated in the body of the report.

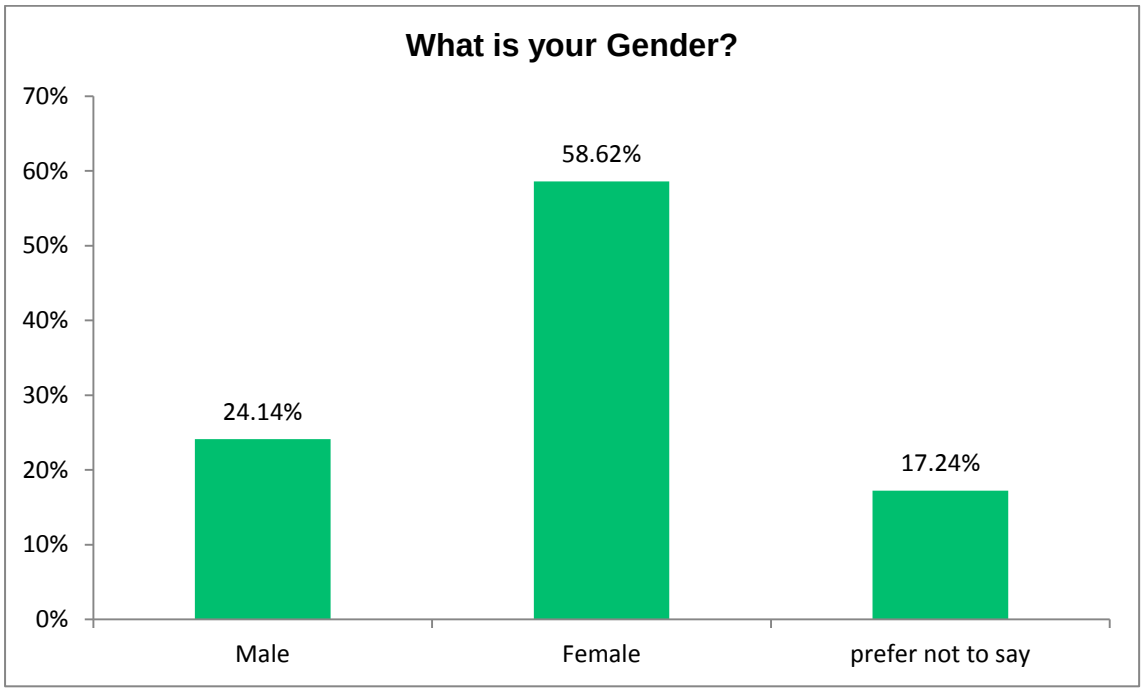
Catherine Atkinson - Labour Parliamentary Candidate for Erewash, Chair of the Socialist Societies, Chair of Erewash CLP – has discussed the topic

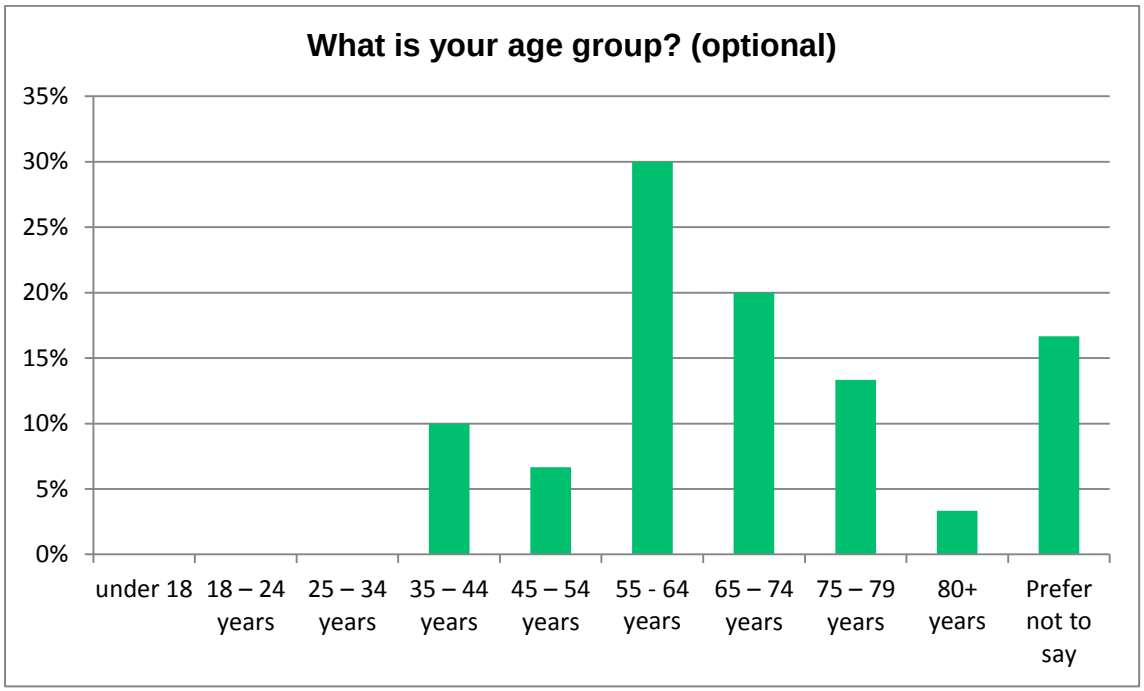
More range of tweets from local residents and ambiguous groups can be found here.

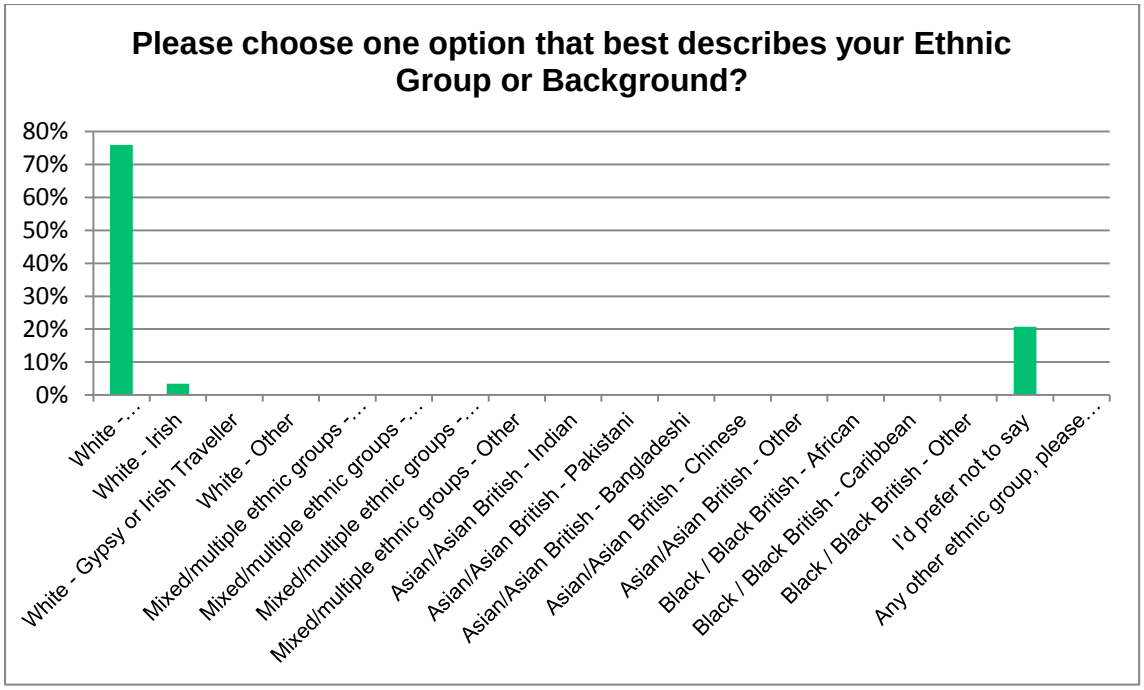
Tweet from Maggie Throup on Ilkeston Hospital:

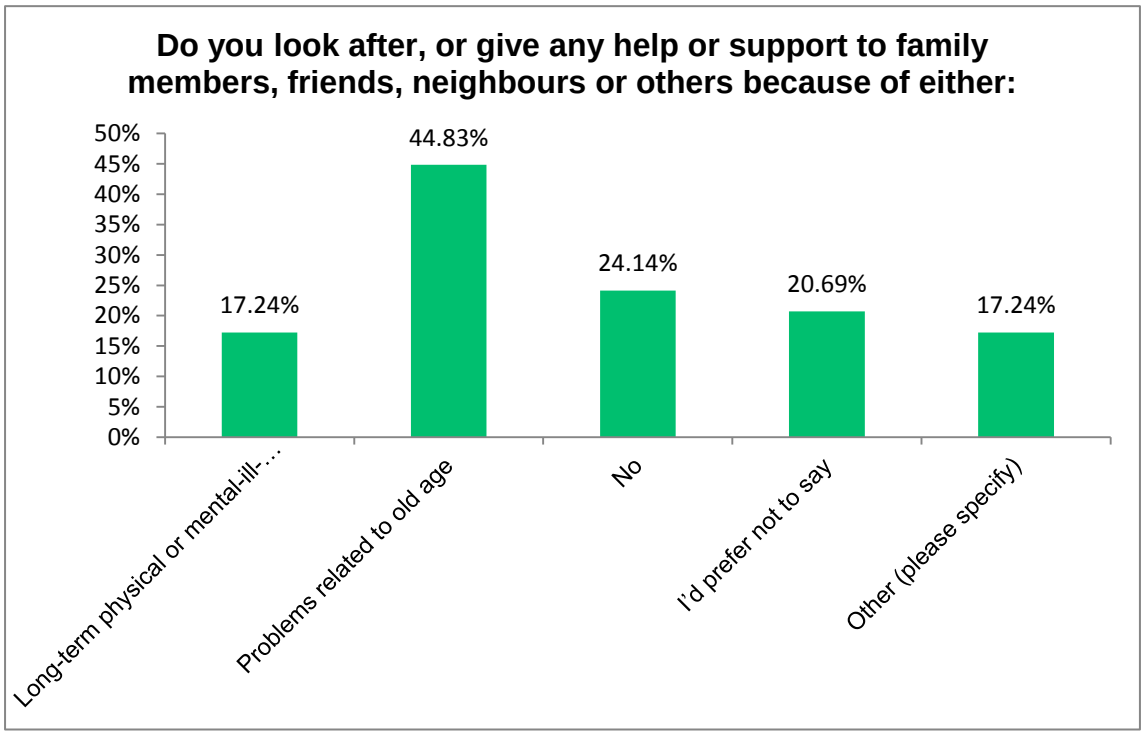
Link: https://www.maggiethroup.com/ilkeston-community-hospital

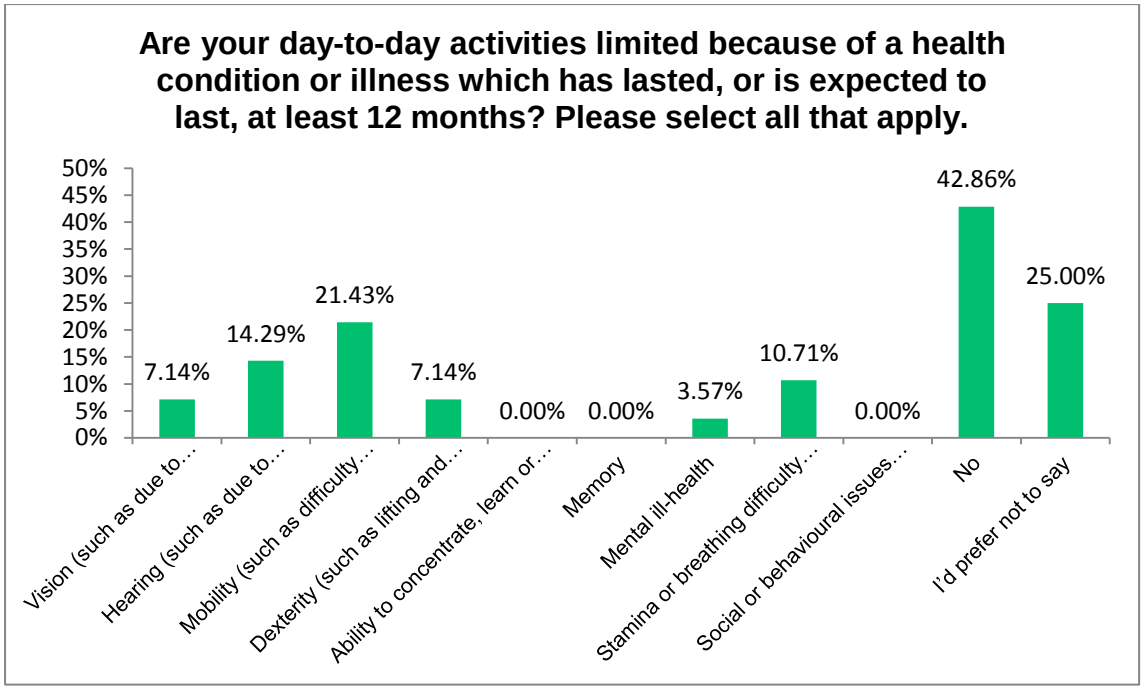
Appendix 10: Demographics and residence of those responding to the survey






Please choose one option that best describes your Ethnic Group or Background?
80%
70%
60%
50%
40%
30%
20%
10%
0%
White -…
White - Irish
White - Gypsy or Irish Traveller
White - Other
Mixed/multiple ethnic groups -…
Mixed/multiple ethnic groups -…
Mixed/multiple ethnic groups -…
Mixed/multiple ethnic groups - Other
Asian/Asian British - Indian
Asian/Asian British - Pakistani
Asian/Asian British - Bangladeshi
Asian/Asian British - Chinese
Asian/Asian British - Other
Black / Black British - African
Black / Black British - Caribbean
Black / Black British - Other
I'd prefer not to say
Any other ethnic group, please…


Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
17.24%
44.83%
24.14%
20.69%
17.24%
Long-term physical or mental-ill-…
Problems related to old age
No
I'd prefer not to say
Other (please specify)



Postcodes of residence of those responding to the engagement survey:

DE14	Burton on Trent/Branston
DE22 x 2	Derby, Quarndon, Mackworth, Kedleston
DE23	Derby
DE5	Codnor, Denby Village, Pentrich, Butterley, Waingroves
DE56	Belper, Duffield, Ambergate, Heage, Hazelwood, Fritchley
DE7 x 4	Ilkeston, Trowell, West Hallam, Stanton by Dale, Dale Abbey
DE7 0	Horsley Woodhouse, Ilkeston, Morley, West Hallam
DE7 4 x2	Kegworth, Castle Donington, Diseworth, Hemington, Isley Walton, Lockington
DE7 5 x 3	Heanor, Langley Mill, Loscoe, ShipleyDe7 6 x 2
DE7 9 x 2	Horsley Woodhouse, Ilkeston, Morley, West Hallam
DE7 8	Horsley Woodhouse, Ilkeston, Morley, West Hallam
DE75 x 3 -	Heanor, Langley Mill, Loscoe, Shipley
Ng10 x 3	Long Eaton, Sandiacre

Measures of Success for Ilkeston Hospital pathway changes

Category	Community Rehabilitation					
	Ward(P3)		CSBs (P2)		ICS (P1)	
	Measure	Source	Measure	Source	Measure	Source
Activity	Admissions	DCHS	Admissions	Local Authority	Number on caseload	DCHS and DCC (LA)
	Discharges	DCHS	Reason for admission	Local Authority		
	Reason for admission	DCHS	Discharges	Local Authority		
	Destination on discharge	DCHS	Destination on discharge	Local Authority		
	Occupied bed days	DCHS	Occupied bed days	Local Authority		
Capacity	Occupancy rate	DCHS	Occupancy rate	Local Authority		
Flow	DTOC	DCHS	Number of refs declined	Local Authority		
	Number of Beds (% of total number agreed)	DCHS	Number of Beds (% of total number agreed)	Local Authority		
	% Correct D2AM pathway *	Acute/Hub	% Correct D2AM pathway *	Local Authority	% Correct D2AM pathway *	Acute/Hub
	Acute DTOC *	Acute	Acute DTOC *	Acute	Acute DTOC *	Acute
Staffing	% staffing model recruited to	DCHS	% staffing model recruited to - DCC % staffing model recruited to - DCHS Medical model in place	Local Authority DCHS	% staffing model recruited to - DCC % staffing model recruited to - DCHS Medical model in place	Local Authority DCHS
Safety	Incidents	DCHS-related	Incidents	Local Authority	Incidents	CCG Quality Team
	CQC	CQC	CQC		CQC	CQC
Outcome	Re-admissions	Re-admitted to where? DCHS or Acute (or both)	Re-admissions	Re-admitted to where? DCHS or Acute (or both)	RE-Admissions	D2A monitoring
			Admissions to acute/P3	Track and Triage	what level of support given at home?	DCC
					Level of independence	DCC
Experience	Complaints	DCHS = DATIX	Complaints	DCHS, CCG, DCC	Complaints	DCHS = DATIX
	Audits		Customer Feedback/Survey	Patient Experience Project	Customer Feedback	DCC
	FFT	DCHS = DATIX	Healthwatch		Healthwatch	Healthwatch
	Customer Feedback				Patient Experience - Patient stories	DCHS and DCC
	Healthwatch					

Notes
All re-admissions / admissions to other services relate to activity within 28 days.
All activity data to incl GP code to be able to track across place
*indicates system measure not related to specific service

Need to also review POE data and clinical perceptions of service changes

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Joined Up Care Derbyshire

Joined Up Care Derbyshire

5 Year Strategy Delivery Plan:

2019/20 to 2023/24

The Requirements

Joined Up Care Derbyshire

- Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) to **develop five-year Long Term Plan implementation plans, covering the period to 2023/24 by Autumn 2019.**
- This must form **our response for implementing the commitments set out in the to the NHS Long Term Plan** with 2019/20 as the transitional year.
- *'ICSs will be central to the delivery of the Long Term Plan';* we must plan to become an ICS by **April 2021**.
  - Partnership Board established with key role in working with Local Authorities at 'place' level
  - Commissioners will make shared decisions with providers on how to use resources, design services and improve population health.
  - Streamlined strategic commissioning arrangements to enable a single set of commissioning decisions at system level, which support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.
  - A whole system approach to focus on the cost-effectiveness of the whole system is required.
- Commissioners and Providers will shared new duties to deliver the 'triple aim' of better health for everyone, better care for all, and sustainability'
- Be built on strong engagement at all levels

Our Response:
Framing The Joined Up Care Derbyshire Strategy Refresh

Joined Up Care Derbyshire

- Our plan would be outcomes driven so that the citizens of Derbyshire ***'have the best start in life, stay well, age well and die well'***
- We were not 'throwing baby out with bathwater' – this was a 'refresh' not re-write'
- The Derbyshire ambition to deliver the Triple Aim would remain at the forefront
- We would learn from the 2016 STP Plan
- We would build on that which we believe still holds true, and test this in our approach
- We would focus on making improvement in wider determinants of health such as housing, education and air pollution management leading to improved outcomes for people in Derbyshire. In doing so, ensure that partners beyond the NHS are involved developing and subsequently delivering our 5 year plan
- We would ensure there is a stronger focus on addressing inequalities and population health management
- The refresh would be informed and developed through strong engagement with people, patients, staff and wider stakeholders – this would drive our approach.
- **We recognised that the 5 year plan is a requirement to demonstrate how we will implement the NHS Long Term plan – we would take a whole population approach ensuring this is done with our Local Authority partners**
- **We would focus on people not patients**

Joined Up Care Derbyshire

Our Mission

(Why are we here)

To improve population health outcomes for the people and communities we serve

Our Vision

(What do we want to achieve)

For people to have the best start in life, to stay well, age well and die well

Case For Change

Joined Up Care Derbyshire

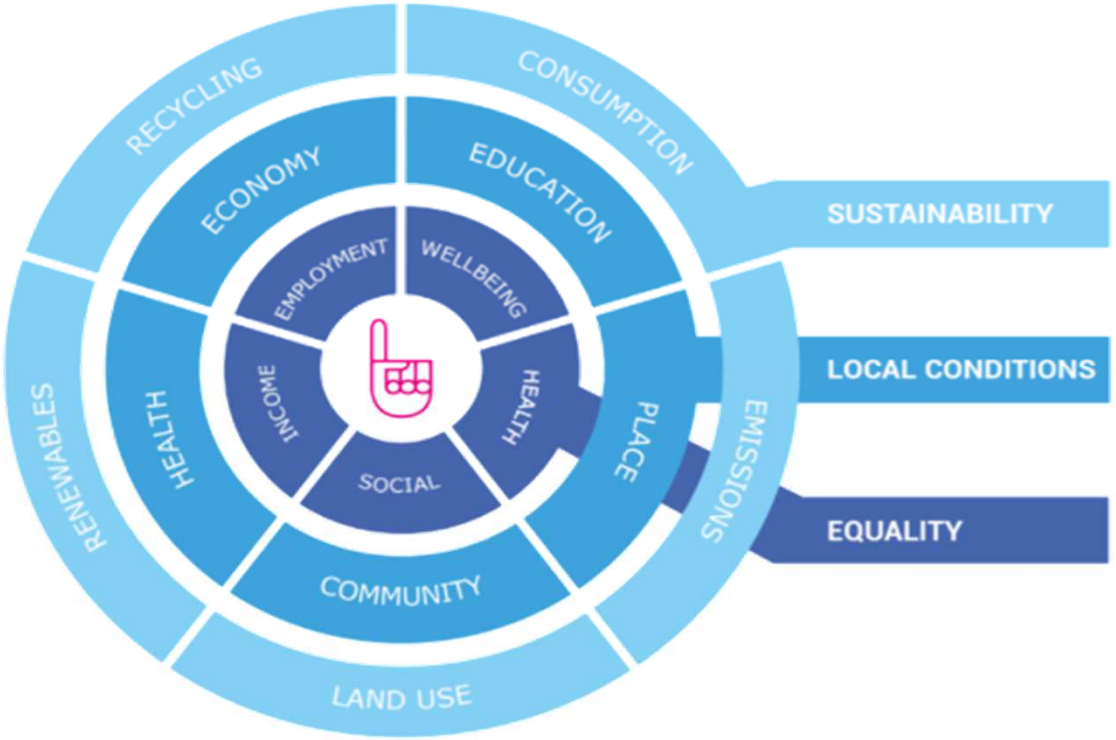
- By 2033, 1/3 of people in Derbyshire will be >65
- Life expectancy ion Derbyshire significantly lower in Derby than England average
- Premature mortality is significantly worse than England average and driven by respiratory illness, MSK, Mental Health, falls, cardiovascular disease, liver disease (diabetes)
- Issues with diet, smoking, substance abuse, physical activity (diabetes)
- We know that across Derbyshire people are living longer in ill health and significant inequalities exist
- The period in people's lives when they require health and social care support, the 'Window of Need', is steadily rising.

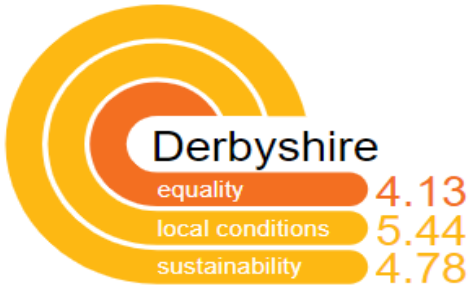
Case For Change

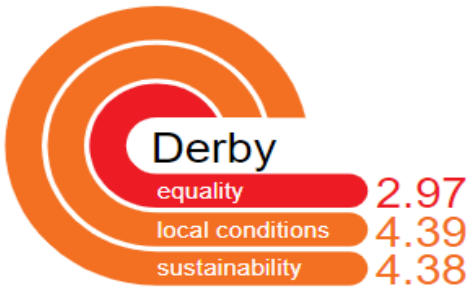
Thriving Places

Joined Up Care Derbyshire

A broad set of indicators that measure local conditions for wellbeing, and whether those conditions are being delivered fairly and sustainably





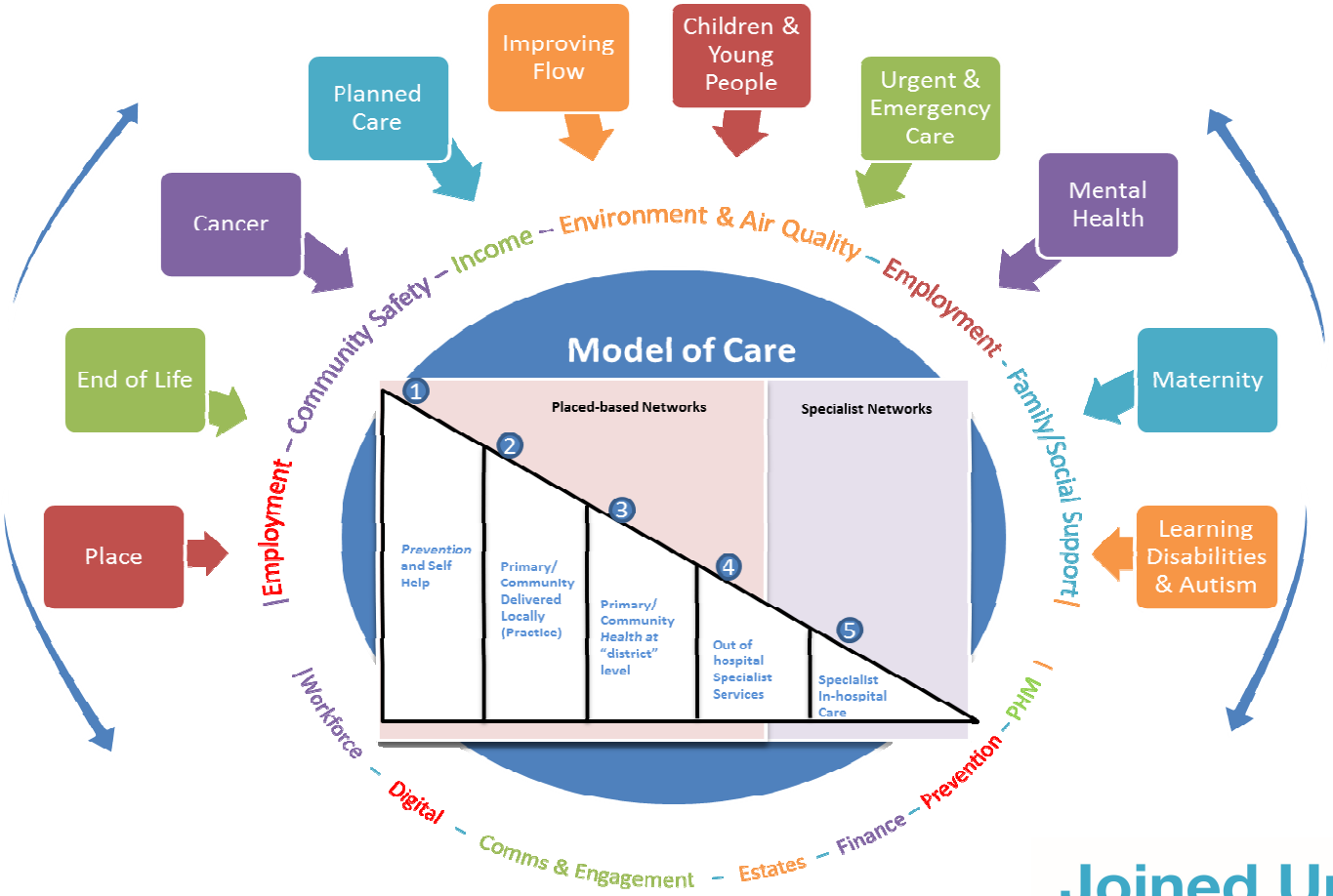


In comparison to all upper tier authorities, on average both Derby City and Derbyshire County score in the lower fifth (score out of 10)

Our Delivery Model

Joined Up Care Derbyshire

Ensuring people have the best start in life, can stay healthy, age well and die well



Derby City Council
DERBYSHIRE County Council
NHS

Joined Up Care Derbyshire

Joined Up Care
Derbyshire

*What this means…..

- Integrated care teams in each of our Place Alliances enabling more effective care closer to home and contributing a 4.5% reduction in non-elective admissions
- Better cancer screening uptake for Breast (80%), Cervical and Bowel (75%) leading to 62% of all cancers to be diagnosed at an earlier stage by 2020
- More people with dementia and delirium being supported in their own home or in a place they call home
- Provision of 24/7 service for Children and Young People requiring urgent care response for children with mental/emotional behavioural needs
- 30% of non-elective attendances treated as same day emergency care
- A combined primary care and mental health wellbeing service
- Fewer women smoking at time of delivery (11% by 2020, 10% by 2021 and 6% or less by the end of 2022)
- Implementation of a service for High Intensity Users (HIU) with chaotic lifestyles which enables targeted proactive care management

* Based on 2019/20 delivery plans. To be updated as STP Refresh is completed.

Financial Challenge

Joined Up Care Derbyshire

- £1.6bn budget for NHS services in Derbyshire; plus local authority budgets
- Specific NHS Plan commitments to be delivered through additional LTP funding allocations – £10.4m in 2019/20 rising to £31.8m in 2023/24
- Significant financial pressures
  - £151m funding gap across the Derbyshire NHS, total of CCG QIPP and provider CIP
  - Financial pressure in local authority
- Planning work continues to understand the financial implications of schemes
- Continued opportunity to transform and improve care, whilst at the same time making the system more efficient
- Securing sufficient capital funds to support system ambitions

Workforce Landscape

Joined Up Care Derbyshire

- To genuinely deliver 21st century integrated care, will require growth in our workforce, transformation in the roles and ways of working.
- We need to make the health and care system a better place to work to be able to recruit and retain the staff we need
- 53% of staff currently work in acute care setting; staff will need to be moved increasingly into community settings, working alongside a more diverse team from health, care and voluntary sector
- Workforce numbers:
  - 16% of GPs aged 55+ with likelihood of retirement in next 5 years
  - Slightly below target for our General Practice Nursing, by 0.4% (2 Nurses)
  - More GPs due to complete training this year, with the aim to retain in Derbyshire
  - Nursing vacancies are currently running at 8% across NHS trusts
  - Vacancy rate for registered nurses in social care is 9% Derbyshire and 7% in Derby
  - Vacancy rates for Care Workers are 6% Derbyshire and 9% in Derby, with Senior Care Workers at 5% and 6% respectively
- Need to focus on improvement to staff health and wellbeing, as well as improving career pathways and development – now part of the quadruple aim.

Five Priorities

Joined Up Care Derbyshire

1. **Place-based care:** We will accelerate the pace and scale of the work we have started through the previous transformation programmes in the North and South of the County to 'join up' primary care, mental health, community services, social care and the third sector. So they operate as a single team to wrap care around a person and their family, tailoring services to different community requirements.

2. **Prevention and self-management:** By preventing physical and mental ill health, intervening early to prevent exacerbation and supporting self-management, we will improve health and wellbeing as well as supporting redesigned care models and improved efficiency through moderating demand.

3. **Population Outcomes:** We will focus on improving the outcomes for the people of Derbyshire by applying an effective Population Health Management approach

4. **System efficiency:** We will ensure ongoing efficiency improvements across commissioners and providers are a key component of ensuring we address the Derbyshire financial challenge.

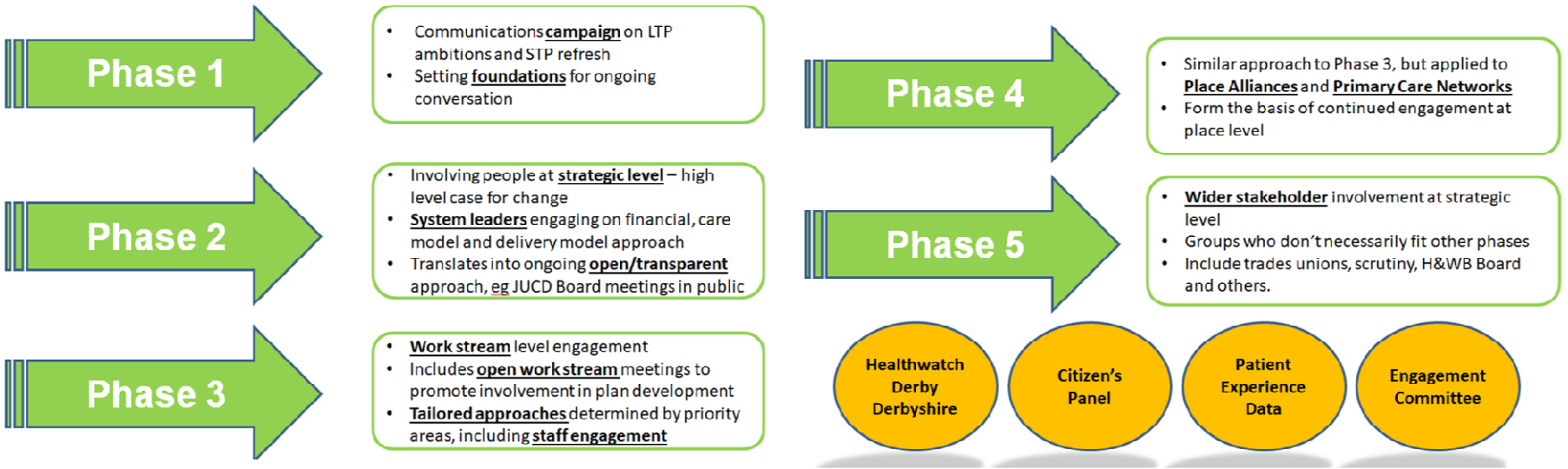
5. **System Development:** Manage the Derbyshire system through an aligned leadership and governance approach, supported by aligned incentives and a single view of system performance.

Engagement in the Plan

Joined Up Care Derbyshire

Our approach

- Took place between April and September 2019.
- Ensured that a wide range of stakeholders, including staff, patients, their carer's and members of the public had the opportunity to help shape the plan.
- Underpinned by 5 phases, inviting engagement at a variety of different levels.
- Included the development of the Joined Up Care Derbyshire (JUCD) Citizens' Panel, which now has in excess of 1,600 members
- Supplemented by engagement conducted by Healthwatch Derby and Derbyshire, which included workshops aimed at seldom heard and marginalised groups.
- Will form the basis of continuous engagement in the work of JUCD going forward.



Engagement in the Plan

Joined Up Care Derbyshire

What engagement took place?

- All work streams utilised either established engagement mechanisms, open meetings and/or confirm and challenge sessions with their stakeholders to test out thinking and priorities during July and August
- Five Place Alliances held events during July 2019 to discuss the model of care, the NHS long Term Plan and wider determinants of health. Two other places used existing engagement forums and south Derbyshire will hold their event shortly. 35 - 60 people attended per event.
- 80 stakeholders from broad range of backgrounds (politicians, voluntary sector, NHS staff, patient groups) attended discussion session with JUCD Board in September 2019 to comment on strategic aims of the plan
- Healthwatch received input from more than 500 people through surveys and focus groups. Key questions included:
  - How they people be supported to live healthier lives from birth to old age
  - What services can do to provide better support (particularly for specific conditions, such as cancer, mental health, dementia, heart and lung conditions, learning disabilities, and autism)
  - How the NHS can make it easier for us to take control of our health and wellbeing
- 40 members of Citizen's Panel have attended confirm and challenge sessions, hearing the details of urgent care, children, Learning Disability and disease management plans
- First Citizen's Panel issued in August on 'online access to health services'.

Delivery Areas

Joined Up Care Derbyshire

Urgent Care	Planned Care
Continue to provide more urgent care services outside of hospital	Implement a Minor Eye Conditions service at Primary Care Network level
Mental Health nurses in ambulance control rooms	Delivery of RightCare to reduce the cost of delivering MSK services by £8m
Fully implemented Clinical Assessment Service for 111 triage, and 24/7 clinical advice hub for 111, 999 and out-of-hours	Implementation of patient initiated follow-ups pathways and improved opportunities for self-management
Consistent offer of same day urgent care services in primary care	Review and where necessary redesign 'end to end' ophthalmology pathways
Expansion and redesign of emergency departments, including primary care streaming	Development of the MSK Clinical Assessment Triage Service in alignment with prevention, primary care and place
Community-based Urgent Care Treatment Centres developed incorporating existing services (WICs, MIUs and UCC) where demand and geography require	Development of clinically led triage of referrals and delivery of specialist advice and guidance to primary care and patients
	Avoidance of a third of face to face outpatient visits in a secondary care setting by 2025
	Minimised use of private sector theatres

Delivery Areas

Joined Up Care Derbyshire

Mental Health	Learning Disability & Autism
A smaller acute bed base, with LoS in line with current national mean of 32 days	Reduce the causes of morbidity and preventable deaths for people with a learning disability and/or autistic spectrum conditions
Establish specialist mental health provision for rough sleepers and for problem gamblers	Transform care for people with learning disabilities &/or autistic spectrum conditions who display behaviour that challenges including a mental health condition
Single point of entry for crisis response via 111 or other service	Reducing the length of time that people receive care in inpatient settings leading to the eventual closure of LD hospital facilities.
Deliver plans from Derbyshire Suicide Prevention Forum: bereavement services and reduced suicides in inpatient settings	Development of intensive support teams to support greater levels of independent living in the community
Deliver Psychological Therapies review by end of March 2021	Improving the number of adults with a learning disability who live in their own home, or with family, in stable and appropriate accommodation
IAPT services integrated in Primary Care Networks	
Out of area acute and PICU placements at zero by the end of March 2021	

Delivery Areas

Joined Up Care Derbyshire

Maternity	Children's
Support establishment of NHS maternal smoking cessation services	Reduced waiting times for SEND by ensuring adequate access to community based early effective intervention services
Fully implement the Saving Babies Lives care bundle	Comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults
Implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative	Review existing community physical health provision and establish areas to be targeted for transformation
Maternity Community Hubs coordinated by Single Point of Access	Increased proportion of children with urgent care needs managed in primary care, community and Place.
Establishment of maternity outreach clinics for mental health difficulties arising from, or related to, the pregnancy or birth experience	Jointly commission Emotional Health and Wellbeing services for children in care
100,000 women can access their maternity electronic personal health records	24/7 mental health crisis provision for children and young people
Implement Continuity of Carer for women booking into Maternity Services	

Delivery Areas

Joined Up Care Derbyshire

Cancer	Improving Flow
Improve uptake of national screening programmes: supporting hard to reach groups, maximising contact opportunities and increasing access to vaccinations	New STP workstream, replacing Better Care Closer To Home and D2AM
Improve early diagnosis of cancer by extending GP direct access to diagnostics to support clinical decision making	To review balance of Pathway 1, 2 and 3 care across south Derbyshire and City of Derby to improve patient flow
Improve access to high quality treatments for radiotherapy, chemotherapy and immunotherapy	Examples of projects include Joined Up Care Belper and Erewash Discharge Pathways
Fully implement FIT testing	
All patients will be offered opportunity to undertake a holistic needs assessment and care plan at different stages of the pathway	
Psychological support and palliative care offered at the earliest opportunity	
Deliver improved cancer outcomes for our population with improved one and five year cancer survival; with 75% of cancer patients are diagnosed at stage 1 or 2; 62% by 2020	

Delivery Areas

Joined Up Care Derbyshire

Place	End of Life
Improving care and outcomes by local implementation of: • Pro-active care; most at risk / with escalating need, targeted and coordinated planning • Reactive, same day response. • Implementation of community frailty pathway • Derbyshire wide system for 'high intensity users' with chaotic lives	Everybody approaching the end of their life should be offered the chance to create a personalised care plan that can be shared with everyone involved in their care.
	Involving, supporting & caring for those important to the dying person
	Promoting an approach that supports open and honest conversations about death across communities through engagement, education and communication
Understanding service delivery and workforce implications at Place Alliance (versus County or organisational) level	Ensuring that people approaching the end of life have 24/7 access to specialist care when needed in all care settings
Ensuring Place Alliances evolution is in keeping with health and social care system and also Primary Care Networks	End of life care designed in collaboration with people who have personal and professional experience of care needs
Having measurable outcomes linked to system-wide benefits, including £5m reduction in non-elective spending on frailty cohort and £500k reduction for Highest Intensity Users	Ensuring that all staff delivering end of life care are trained to the appropriate competency level.
	Each person gets fair access to care

Delivery Areas

Joined Up Care Derbyshire

Disease Management - CVD & Stroke	Disease Management – Diabetes
Digital technology offer will be expanded to support prevention and self-management	Updated Derbyshire wide prevention pathway to be launched
Review and redesign of current Cardiac Rehab Model	Increase uptake of NDPP through targeted plan delivered by Prevention Facilitator
Community BP screening will be in place	Increase capacity of T1 and T2 structured education
Workforce Upskilling – Hypertension diagnosis and management	Ensuring that pregnant women with Type 1 diabetes are offered continuous glucose monitoring from April 2020
Roll out a digital approach to improving stroke pre-hospital pathways and communication	Roll out national Healthy Living for People (HeLP) with Type 2 Diabetes online self-management support programme
Best performance in Europe for delivering thrombolysis to all patients who could benefit.	Improve achievement of three treatment Targets (HbA1c, Cholesterol, BP) for people living with diabetes
Review & redesign of post-hospital stroke rehabilitation models,	Review the pathway and services for treating and managing childhood obesity
Blood Pressure Screening in community settings / pharmacies	Improve access to Diabetes Structured Education

Delivery Areas

Joined Up Care Derbyshire

Disease Management - Respiratory
Expand pulmonary rehabilitation services and test new models of care for breathlessness management in patients with either cardiac or respiratory disease.
Test A1 technologies to interpret lung function test and support diagnosis
Review training on Spirometry to increase and ensure uptake in primary care
Review of children/young adults with Respiratory Conditions
Increase uptake of flu vaccinations to meet and exceed PHE immunisation targets
Review and implement COPD and asthma indicators within QOF
Increase uptake of pneumococcal vaccs to meet and exceed the PHE immunisation target of 75% aged > 65 uptake.
Review of Home Oxygen service

Enablers

Joined Up Care Derbyshire

Our enabling work streams are:

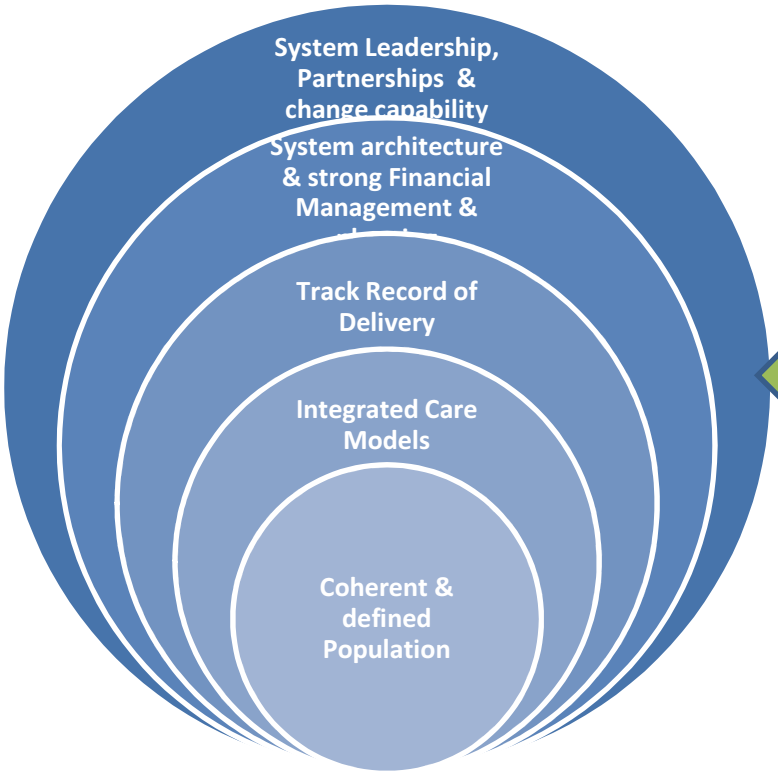
- Workforce
- Finance
- Estates
- Digital
- Prevention
- Population Health Management
- Communications and Engagement

Enabling work streams are currently reviewing the details within the plan to understand support priorities and ensure that plans are fully scoped and scaled into an overall approach.

Our aim is to be an Integrated Care System which is built around care close to home, where hospital beds are only used where somebody cannot be cared for safely in their own environment

Joined Up Care Derbyshire

Characteristics of an Integrated Care System



Transformation Work Streams

Planned Care
Improving Flow
Urgent care
Place Alliance
Children & Young People
Maternity
Mental Health
Learning Disabilities
Cancer
End of Life

High level summary of 19/20 enabling work

Enabling development programmes

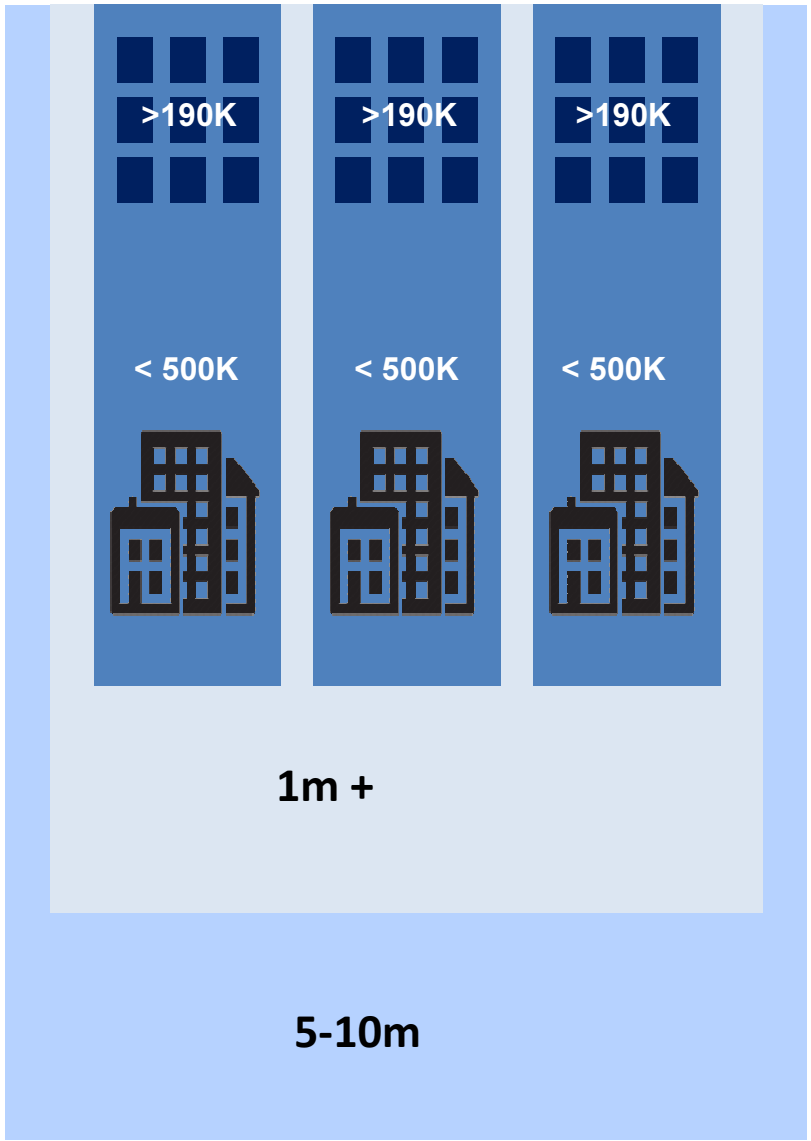
- ICS Development Programme
- Commissioning Capability Programme
- Population Health Management Programme
- Emerging Joint Board Development Programme

Enabling work

- System Savings Approach
- Outcomes Based Accountability
- Business Intelligence
- Development of Place Alliances and Primary Care Networks
- Derbyshire Clinical Care Strategy
- Shared finance plan and risk share agreement
- Integrated Community Provider development
- Profiling system wide demand, capacity and workforce

Derbyshire model for delivering integrated care

Joined Up Care Derbyshire



Neighbourhood	14 Primary Care Networks with services wrapped around populations of 31-190,000
Place	Our eight Place Alliances support the integration of health and care services focused around the patient. This includes: acute, community mental health, local authority and voluntary sector services; increasingly delivered through local 'hubs' (e.g. Bakewell, Belper)
System	JUCD STP Partnership has agreed the vision, strategy and is progressing system development. It oversees delivery of the Partnership through effective collaborative working underpinned by an agreed clinical strategy.
Specialist Networks and Directly Commissioned services	NHS England will continue to directly commission some services at a national and regional level, including most specialised services. The interface with wider clinical networks and alliances will be directly linked at system level (e.g. Derbyshire links with 3 cancer networks)

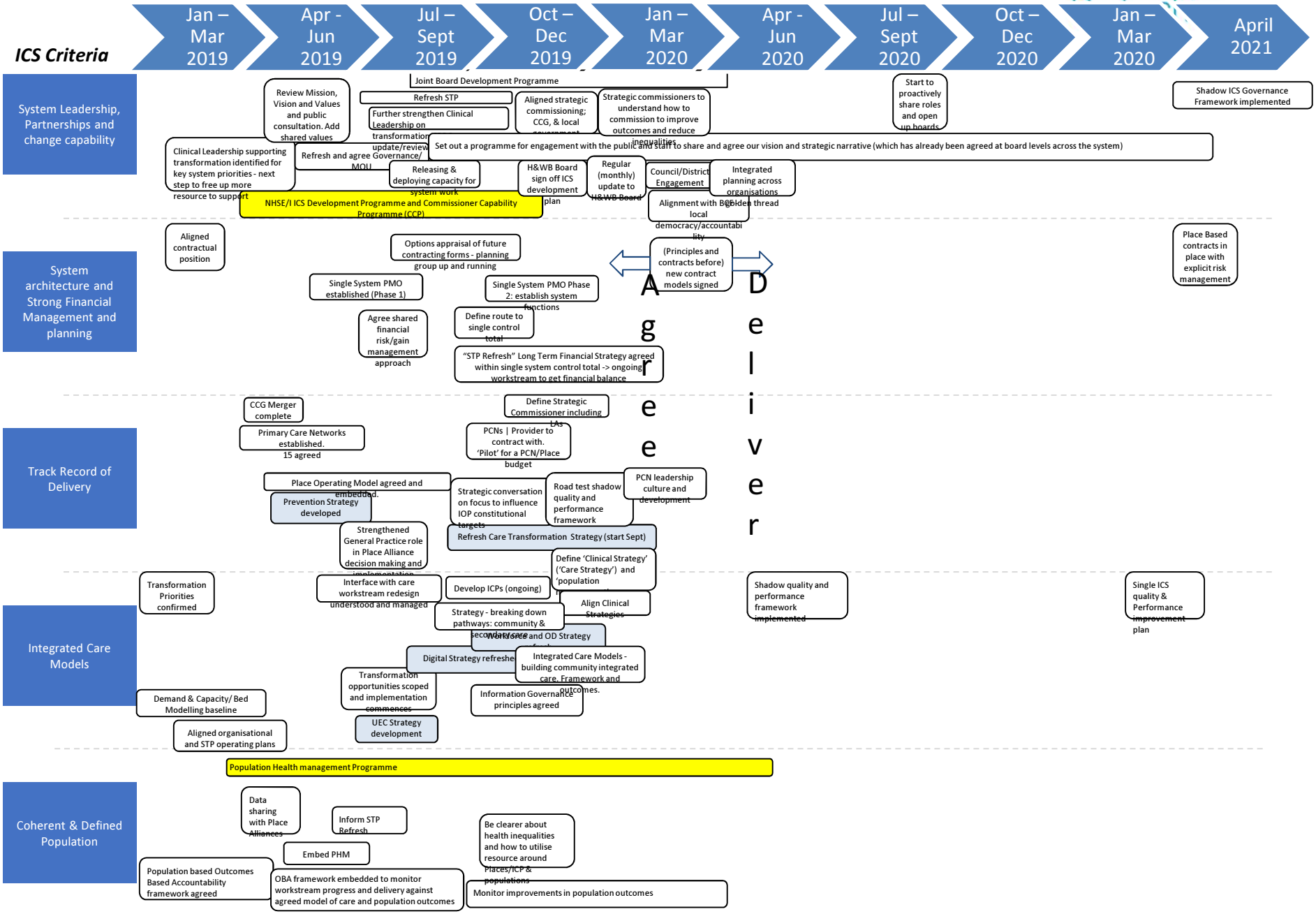
Joined Up Care Derbyshire

In The Next Six Months We Will…

- Agree our 5 year system transformation strategy
- Be able to evidence the impact of our transformational change programmes
- Be clear on the role of PCNs and how they work with other community providers
- Continue to build resilience and services provided at Place Alliance level
- Embed population health management at Place Alliance and PCN level
- Describe how many Integrated Community Providers Derbyshire will have and what benefits they will offer our communities
- Implement a system wide Board level OD programme to help organisations increasingly work in the system space
- Develop a shared system financial plan for future years

Roadmap to April 2021

Joined Up Care



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Joined Up Care in Belper

Derbyshire Community Health Services NHS Foundation Trust

Derbyshire County Council – Health Improvement and Scrutiny Committee – 16/9/19

Joined Up Care in Belper: planning ahead to make the most of health services for local people

Recap

Derbyshire's NHS has been developing its community-based support for a number of years now, with the introduction of improved discharge processes, multi-disciplinary community-based clinical teams, and traditionally acute-based outpatient services being provided from community hospitals, health centres and GP practices. Also, supporting and treating people in their place of residence is often the best and safest option, with further clinical support available as required.

'Joined Up Care in Belper' ultimately aims to ensure the town's services are fit for purpose for people needing support both now and in to the future. Discussions about proposals and subsequent plans made for Belper's health services have taken place at scale, through NHS public governing body and trust board meetings, with NHS staff, clinicians and local community groups fully involved throughout.

Months of public engagement was carried out by NHS staff, talking to people in Belper's streets, at the town's farmers' market, with information about how to get involved also delivered direct to homes and public venues. Opinions were also received via written survey responses.

All feedback was considered by the local NHS and independently analysed by Healthwatch Derbyshire. Derbyshire County Council's health improvement and scrutiny committee has also been routinely updated throughout.

Update

Derbyshire Community Health Services NHS Foundation Trust would like to provide a further update to the Council's health improvement and scrutiny committee. Due to the commercial sensitivity of the update, it will follow in the confidential session of the meeting.