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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 28 February 2020

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 9 March 2020** in the Council Chamber, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

Simon Hobbs
Director of Legal and Democratic 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 20 January 2020.

4. Public Questions (30 minutes maximum in total) (Pages 7 - 8)

(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 Report on Offender Health (Pages 9 - 24)

6. CCG Summary Finance and Savings Report - 1 April 2019 - 31 December 2019

7. Consultation on the Transfer of Adult Mental Health Services to Kingsway Hospital

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MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 20 January 2020.

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Blank, S Burfoot, L Grooby, G Musson and A Stevenson

Also in attendance were: William Jones and Rob Steele from Derbyshire Community Health Services, Ruth Cater, Sean Thornton, and Jean Richards from Pilsley Primary Care and Dave Gardener from Derby and Derbyshire CCG.

01/20 **MINUTES** **RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 25 November 2019 be confirmed as a correct record and signed by the Chairman.

Councillor Allen suggested that the Committee meet with Improvement and Scrutiny – People Committee to discuss the closure of care homes. Councillor Musson, Chair of the People Committee, informed Councillor Allen that that was already on the agenda.

02/20 **PUBLIC QUESTIONS** There were no pubic questions submitted.

Councillor Allen requested that the Committee re-visit the criteria for public questions. The Chair noted this request.

Agenda item 7 was brought forward to accommodate William Jones's next appointment.

03/20 **JOINED UP CARE IN BELPER UPDATE** William Jones presented an update on the proposed build of a new health facility in Belper, as already discussed at previous meetings. Ownership of the site transferred to NHS Property Services (a subsidiary of the Department of Health and Social Care) in April 2013, following the Health and Social Care Act of 2012. The significant on-going backlog of maintenance issues were also referred to.

The ambition had always been to develop a new, fit for purpose, sustainable building to accommodate all existing outpatient and clinical services provided at Babington Hospital and Belper Clinic and introduce a new model of bedded care, ensuring people were treated in the right place at the right time, ensuring the best possible clinical outcomes. The last two years had seen a range of service developments in the Belper area including newly-commissioned services such as wound care clinics, musculoskeletal assessment and treatment service, community midwife, etc.

In order to accommodate these new services, a larger facility would be required. Pre-planning enquiries on the proposed Derwent Street development also indicated that any development would be restricted to two storeys. Given the challenges identified, the revised proposal was to build a brand new, larger facility on the current Belper Clinic site, encompassing all services in one place.

There had been positive early conversations between DCHS and Borough Council planners, the Environment Agency, Highways Department and local Heritage Officer. DCHS had identified £4mn in extra funding over and above original plans in order to develop this revised/larger facility and house the additional services, through a mixture of Department of Health & Social Care capital award and DCHS' existing capital funding.

The proposed development's footprint mitigates flood risk, to the satisfaction of the Environment Agency. It would result in much improved access and parking for local people and remains only 600 metres from the original proposed site in Derwent Street, Belper. NHS Derby and Derbyshire CCG fully supported the revised proposals and DCHS would continue to engage with local people on these plans.

The committee was afforded the opportunity to ask a number of questions on all aspects relating to the presentation, with Members particularly concerned about the history of flooding on the site and asbestos in the basement. These concerns were duly answered by Mr Jones.

The Chairman thanked William Jones for his detailed presentation.

04/20 **PILSLEY SURGERY CONSULTATION UPDATE** Ruth Cater presented feedback on the public consultation on the proposed closure of Pilsley Surgery.

Staffa Health, with 16,850 registered patients, comprised of the primary site in Tibshelf and three branch surgeries in Holmewood, Pilsley and Stonebroom. Staffa Health had experienced a reduction in the number of GPs working for the Practice and recruitment to vacant GP posts had been challenging for over 3 years. The Practice had experienced an increase in its registered population due to new housing developments in its catchment area. The Practice also had aspirations to redesign the way it delivered care to its patients in line with the new longer term NHS Strategy.

A 60 day consultation was held during the Summer of 2019, to gather the views of patients, stakeholders and the wider public to understand the potential impact of the proposed closure of the branch Surgery. A reduction in the number of sites would lead to the longer term sustainability of the Practice because it would allow a redesign of some aspects of care delivery by co-locating staff on fewer sites. Examples of these benefits were detailed in the report.

The Practice submitted an application to the Hardwick Clinical Commissioning Group Primary Care Co-commissioning Committee in March 2019 to close the Pilsley Surgery to allow it to operate from fewer sites they confirmed that the branch closure was agreed 'in principle' subject to patient, staff and stakeholder engagement taking place.

The Practice had listened to the feedback raised during the Consultation and heard a number of alternative suggestions that either avoided a closure or reduced the risks associated with the closure. The Practice decided to continue the application process to close the Pilsley Surgery as it believed continuing to staff four surgeries would mean the sustainability of the overall service would remain at risk. Moving all staff to other sites would make the service more sustainable and allow the Practice to manage patient demand more effectively by implementing new ways of working.

The Practice were seeking agreement to close Pilsley Surgery, but to postpone the overall closure for one year from the date agreement was given. This time period would allow for work on their premises to increase the number of clinical rooms at Tibshelf and continue to seek solutions to the car parking issues. During this period they proposed to reduce the sessions at Pilsley Surgery to three half days per week or one full day and one half day, depending on staffing availability and endeavour to reserve the appointments provided at the Pilsley Surgery for Pilsley patients who would find it difficult to travel to other sites.

Having considered the suggestions made in the Public Consultation, the Practice offered the following mitigations to reduce the risks to patients at the point the Surgery closed in full:

- Redesign the service to help the Practice provide an increase in capacity overall eg relocating a GP to provide additional capacity to triage demand for same day urgent care;
- Work with the Pharmacy to look at ways we could provide some services to patients from the Pharmacy site;
- Implement more telephone consultations, on-line and video consultations;
- Support patients to access online consultations;
- Streamline routine reviews for patients with long term conditions so that the majority of patients will only need to attend for a review once a year for all of their long term conditions and medications;
- Ensure appointment timings take into consideration availability of bus travel and transport, and the reliability of the service is accepted as a reason patients may be late to appointments;
- Continue to push for improved car parking arrangements at other Practice sites;

- Identify new ways of providing supportive and proactive care to our most vulnerable patients such as the frail elderly, mentally ill and those with long term illness;
- Continue to invest in an appropriate amount of home visiting capacity to support the housebound and frail elderly and any increase that may arise;
- We will not reduce clinical resources. Staff that are currently employed will remain in post, but they will be relocated;
- We will continue to try to recruit quality staff to our vacancies;
- Continue to review operational models, timing of appointments, appointment types and methods and administration systems to make systems and processes as efficient and effective as possible for patients, improving access wherever possible and reducing the requirement to travel to Surgery;
- We will continually monitor the impact of the closure and implement new mitigations or supportive solutions to our Pilsley patients wherever possible.

The report would be presented to the Primary Care Co-Commissioning Committee of NHS Derby and Derbyshire Clinical Commissioning Group in January 2020.

The Committee was given the opportunity to ask a number of questions on all aspects relating to the report and these were duly answered by Ms Cater.

The Chairman thanked Ruth Cater for her detailed report and requested an update in a year's time.

05/20 LIGHTHOUSE INTEGRATED DISABLED CHILDREN'S RESIDNETIAL SHORT BREAKS SERVICE UPDATE Dave Gardener of Derby and Derbyshire CCG gave an update on the service review process that was triggered by the local health provider giving notice, interim arrangements and a request for support for a formal consultation on the long term model.

The Light House was an integrated disabled children's service jointly funded by Derby City Council and the NHS Derby and Derbyshire Clinical Commissioning Group (CCG). Within the Light House there was a residential short breaks service that provided regular breaks for children with a wide range of disabilities from autism and/or challenging behaviour, to complex physical health needs from 0 to 17 years.

During a recent combined Ofsted and CQC inspection of SEND services in Derbyshire the Light House pre-engagement programme and consultation plans were highlighted as examples of good practice following discussion and interviews with parents. A spot check inspection by Ofsted in July 2019 under

interim arrangements awarded the Light House residential short breaks service a ‘Good’ rating.

A 90-day public consultation was held during the Autumn of 2019. Respondents included parents and carers and a range of stakeholders including professionals. Feedback and themes were consistent with the extensive pre-engagement phase which yielded invaluable intelligence and helped to shape the interim model. Some of the feedback to the consultation indicated “nothing further to add” with regard to feedback already provided during the pre-engagement phase. The combination of feedback from the pre-engagement and new or additional feedback from the consultation had provided a robust core of information which was reflected in the design of the proposed long term model.

Key themes from the feedback were that a new service should offer:

- Better continuity of care for all children;
- Consistency of service provision with appropriate levels of staffing;
- A sustainable model which would help to ensure the continued operation of the residential short breaks service in the future;
- A service that parents and carers were confident in and where they could be reassured that care was safe.

The key issues from parents and carers where around the capacity to deliver respite allocations (reduced in the interim to maintain a safe service) and a positive experience for their children. The main concern from other responders/stakeholders who were not parents and carers was around the level of clinical support for children with the most complex health needs whilst staying at the Light House.

NHS Derby and Derbyshire CCG and Derby City Council recommended that the proposed model of delivery for the Light House was approved and implemented. This was further to the delivery of intensive programmes of engagement and consultation co-designed and produced with parents and carers, partners and stakeholders.

The Chairman thanked Dave Gardener for his report.

06/20 The Chairman expressed his thanks to Roz Savage for covering the work of the Committee during Jackie Wardle’s absence last year. His comments were unreservedly supported by all Committee members.

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Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.
Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:
• Exceeds 200 words in length;

• is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;

• is defamatory, frivolous or offensive;

• is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or

• requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).
It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

Offender Health Report

Experiences of offenders using health services in Derbyshire

Date: 9 December 2019
Author: Hannah Morton
Job Title: Insight and Intelligence Manager

CONTENTS

1. Thank you

Healthwatch Derbyshire would like to thank all participants who gave their time to talk to us about their experiences of using the health services whilst being involved within the Youth Offending Service in Derby/Derbyshire and/or following release from prison. We also extend our thanks to the National Probation Service, Community Rehabilitation Company, Derby City Youth Offending Service and Derbyshire County Youth Offending Service, who supported and cooperated with this engagement activity.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all youth offenders and adult ex-offenders who have experience of health services in Derbyshire, but nevertheless offer a useful insight. It is important to note that the engagement was carried out within a specific time frame and therefore this only provides a snapshot of patient experience collected at that point in time. The report outlines the genuine thoughts, feelings and issues that youth offenders and adult ex-offenders have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. Background

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 the services. We also ensure services 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. Rationale for the report

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. We were asked by the Derbyshire Criminal Justice Board to undertake engagement with ex-offenders and within the youth offending service to understand more about the health services that people have used.

4.1 Definitions

According to Rethink Mental Illness (2017):

- “The National Probation Service (NPS) is a statutory criminal justice service. They supervise high risk offenders who have been released into the community

- Community Rehabilitation Companies (CRCs) are private sector companies. They supervise medium and low risk offenders who have been released into the community and are also responsible for providing resettlement services in prison and the community
- Probation officers supervise offenders when they are released into the community, they can work for either the NPS or CRC."

Furthermore, Derbyshire County Council (DCC) explain that, "The Derbyshire Youth Offending Service (YOS) works with young people and their communities to tackle youth crime. It supervises and helps young people aged 10 to 17 who have committed offences and works with them to help prevent further offending".

For more information please visits:

- https://www.rethink.org/advice-and-information/rights-restrictions/police-courts-and-prison/prisons-planning-for-release/
- https://www.derbyshire.gov.uk/social-health/children-and-families/youth-offending-service/youth-offending-service.aspx

5. What we did in brief

To collect consistent information, a series of questions (prompt sheets) were developed to provide a framework for discussions. The prompt was based around the themes shared with us by the Derbyshire Criminal Justice Board, which were:

- Navigating services
- Experience of using primary care
- Health literacy.

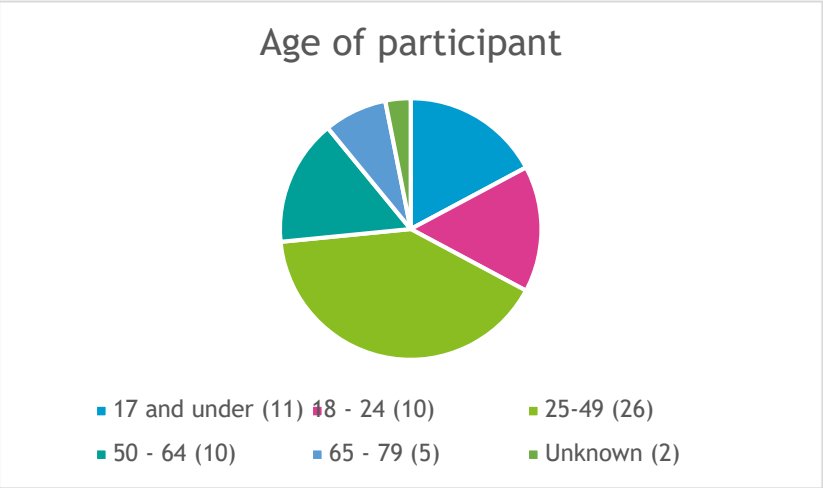
Prior to the engagement, the prompt was shared with the Derbyshire Criminal Justice Board to ask for comments to ensure that the feedback received from participants would be valuable and be used to influence future service delivery.

5.1. Methods of engagement

The engagement was carried out by Healthwatch engagement officers (EOs) between May and August 2019.

EOs spoke to 64 ex-offenders and youth offenders in total about their experiences of health services in Derbyshire. Our EOs visited NPS, CRC and YOS offices to be able to talk with people before and after their appointments.

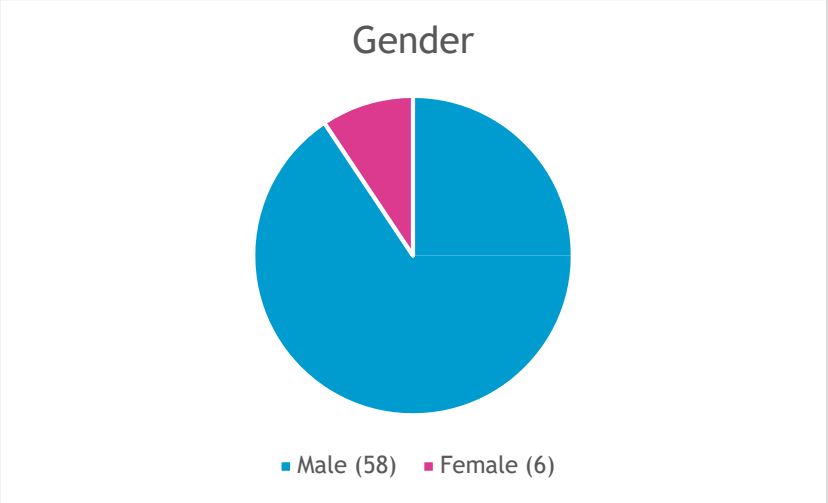
The chart below shows the age of the participants:



The table below shows what service the participant was using:

Name of service	Number of participants
Youth Offending Service – Derby City	4
Youth Offending Service – Derbyshire County	9
Community Rehabilitation Company	11
National Probation Service	40
Total	64

Gender of participants:



6. Key findings

- Most YOs had registered with a GP and dental surgery and, although a large proportion of adult ex-offenders had registered with a GP, only half had registered with a dental surgery as this was not viewed as a 'priority'
- Many adult ex-offenders felt there was limited support for people with mental health issues, and felt there should be more emphasis on preventing mental ill health and ensuring people are signposted to appropriate support
- Some adults ex-offenders felt when they asked for help with their mental health they were often provided with medication, rather than offered support to help deal with any underlying issues
- YOs appeared to have no difficulties with finding and understanding health related information and support, whereas adult ex-offenders often relied on their probation officer or GP
- Adult ex-offenders felt there should be more information provided to offenders on release from prison, as many felt unprepared as they were unsure what to do, or where to go with regards to healthcare services
- Majority of the YOs were happy with the health of their lifestyle, however many adult ex-offenders explained they felt unhappy with their lifestyle due to poor diets and mental health.

7. What people told us

7.1 Primary care

➢ Primary care registration

Majority of the youth offenders (YOs) we spoke to had registered with a GP (11), whilst two YOs were waiting for support from their probation worker or parent to enable them to register. In terms of dental registration, all (13) but one YO had registered with a dental surgery.

Similarly, for the adult ex-offenders 47 had registered with a GP whilst four had not, or were unsure if they were still registered with the same GP prior to their imprisonment. One adult shared a concern for ex-offenders who are released to unapproved accommodation as help would not be automatically received and it was felt that this is a big issue.

Furthermore, for dental health there appeared to be a fairly equal split of adults who had registered with a dental surgery (21) and those who had not (29) and one participant was unsure. Many participants who had not yet registered explained it is not at the top of their priority list and/or they have had no issues with their dental health yet.

One adult ex-offender explained, "They ensured I registered with a GP but no one ever mentioned a dentist or how to get your eyes tested. They do ask if you have drug and alcohol problems but not about any other sort of health problems".

➢ Primary care experience

In terms of GP and dental experiences within the last six months, the majority of the YOs and adult ex-offenders we spoke to described their experience as positive.

Many adults appeared to be happy with the quality and continuity of care received by GPs but highlighted issues around long waiting times for appointments, not always feeling listened to and some comments suggest signposting to mental health support could be improved.

Sample of comments:

- "They are very good and book my appointments for me as I go and see them every month. I always see a female GP and I am always able to see the same one to talk over my mental health"
- "I regularly see one particular GP at the surgery and they are helpful to me, however there is not enough help for my mental health to make sure I get well"
- "I have been to the doctor and they have given me anxiety medication … but they did not tell me anything about mental health support"
- "I like to see [named professional] but there is often a four week wait, he listens a lot more to me than other doctors"
- "… I have noticed a big difference as now GPs do not really listen, I feel like a number and not a person, you are now only about to talk about one issue per appointment yetI have many conditions and I find it upsetting as they are often interconnected … "
- "Only the last GP really listened to me, the others were just telling me I had constipation".

➢ Other healthcare experiences

A large proportion of adult ex-offenders used a pharmacy for prescriptions, with most experiencing a positive service.

In terms of other health services used by participants, there did not appear to be any themes amongst the feedback received.

Sample of comments:

- "I was admitted to Chesterfield Royal Hospital (CRH) four days after release from prison, I was released from prison with nowhere to go and was sleeping rough, I couldn't walk and was admitted to CRH via ambulance and was in hospital for four weeks, the care was fantastic, they did not want to release me to no fixed abode but they needed the bed and were unable to find any support for me"
- "I go to the Royal Derby Hospital (RDH) to see people about my liver as I have problems with it as it is damaged. There are long waits to see the consultant and this worries me as I never know how long I will have to wait, the communication is poor around this and could be improved"
- "I have been waiting to see a psychiatrist since Christmas. My GP has tried their best to tell them it is urgent and I was told last week I am now at the top of the list. I was sent to IAPT services but they told me when I was too ill and they could not help me and it was an incorrect referral made by the GP"
- "I have tried to access mental health support since leaving prison but this has not been successful as full records have not been received from the prison healthcare service at HMP Whatton. My mental health is deteriorating … and I feel I have been 'pushed from pillar to post' without getting anywhere".

➢ Mental health services

A number of adult ex-offenders felt there was limited support for people with mental health, with many explaining there needs to be more emphasis on prevention and putting support in place for people at an early stage, so symptoms do not progress and they do not end up in a crisis or self-medicating with smoking, drugs or alcohol.

Some adult ex-offenders also explained that when they have reached out for help for their mental health they have just been provided with medication and have not been offered support to deal with any underlying issues.

Sample of comments:

- "The mental health crisis team is not very good, they give out inconsistent messages. Different staff say different things and it is not all written down so they do not stick to the plan ... They never follow through with things nor contact you when they say they will contact you. Some just want to give you sedatives to get you to shut up. This does not work I need help not to be put to sleep"
- "More investment in mental health … waiting for mental health support but there is a lack of a Community Psychiatric Nurses (CPN) and I have no personal support, I just have medication for it"
- "GPs do not care I have mental health issues and get low due to many physical health problems. I find it hard to talk to GPs about it … National Probation Service (NPS) staff do not all refer to services as their focus is to prevent reoffending. They do not realise that a lack of healthy lifestyle and lack of support will impact on this target"
- "I saw many people in prison who were delusional and tried to kill themselves ... trying to access mental health services in the community is virtually impossible as I have had many symptoms and different diagnoses over the years ... for some services I am not serious enough and for others I am too difficult to treat and manage. All I ever wanted was one-to-one support to sort out Post Traumatic Stress Disorder (PTSD) resulting from childhood abuse, as this was not treated when I was aged 10 so it led to a serious mental illness (SMI) and offending. There is a massive gap in services to treat people with PTSD"
- "There is still a long way to go to reduce the stigma of people needing help for mental health, especially men. My life went out of control when a relationship broke up and lost my job, house everything. I appreciate all the support I have got from probation and have linked to drug and alcohol support. There should be more money put into prevention and awareness raising of the impact of drug taking. Most of my old friends who worked used cocaine every weekend but they did not see themselves as drug addicts. It is a macho thing and that you have spare money to throw around and a lot of my friends do it because they are trying to make them feel better about themselves and their lives as there is something missing"
- "Since I have been involved with the criminal justice system it has been very shocking to see how many people have mental health problems. This should have been sorted out when they were children as there are so many people who are not well and so if they got the help they needed they would not have been involved in crime. There should be more emphasis and support from workers to improve your whole life e.g. smoking, drinking, drugs, exercise, diet etc rather than just focus on the crime as these are often a factor why people do things as there are gaps in their lives".

7.2 Health information

- **Findings and understanding health related help and support**

Majority of the YOs we spoke to explained they had no difficulties finding out where to go for health related help and support and felt they understood the information they received. One YO explained they relied on their mother for help and support and another explained they would just go to the Emergency Department.

There were mixed responses from adult ex-offenders with regards to knowing where to go for health related help and support. A huge proportion relied on their probation officer for the information, whilst others explained they would go to a GP.

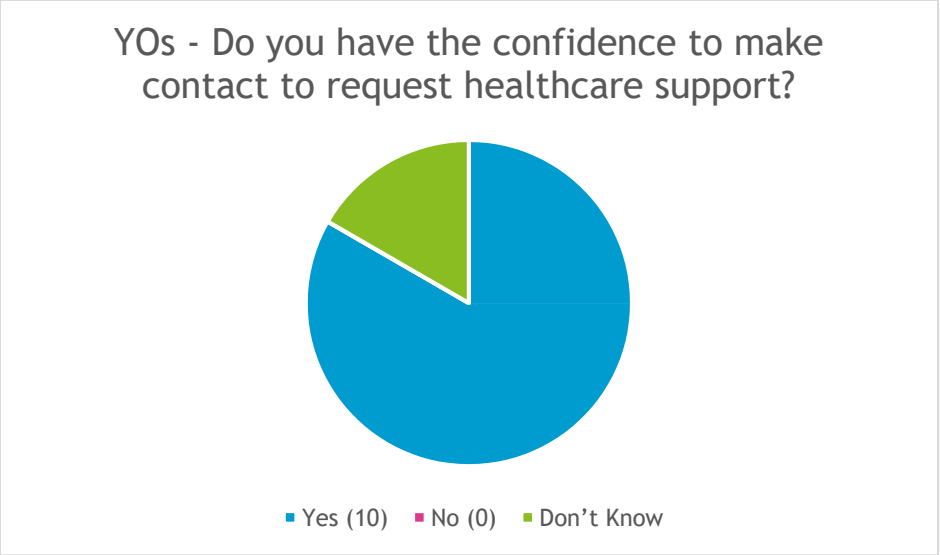
A number of adult ex-offenders felt there should be more information provided to offenders on release from prison, as people can be in prison for many years and the healthcare system can change rapidly, which results in ex-offenders not knowing where to go.

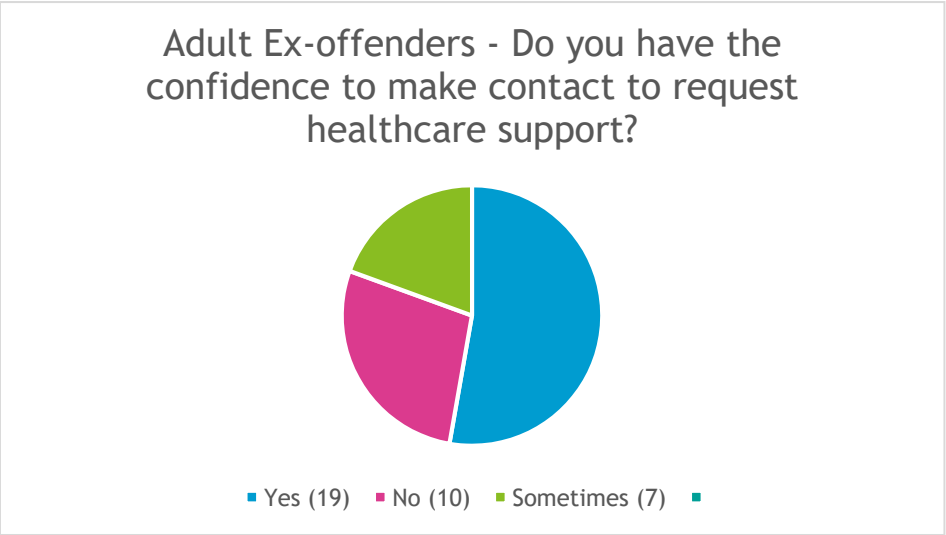
Furthermore, in terms of understanding the information received around healthcare the majority of the adults raised no issues, although a few comments were made around the complicated patient information leaflets within medication boxes.

Sample of comments:

- "I discussed with my probation officer who is supporting me to access healthcare and get the right paperwork to register"
- "I ring the probation officer for information, I go to them for most things"
- "I go to the GP to find things out"
- "I go to the GP to find things out as I like talking to people face to face. If people give me leaflets with numbers to ring I would not do it"
- "When in prison especially for many years, the professionals do not make it clear how much things have changed back in the community"
- "It took a while to get things sorted as when you are released after ten years a lot of things have changed"
- "It is hard to know where to find the right information and help for wellbeing and mental health as I know I need help to get me out and improve how I feel"
- "There are some issues when there is complex language on the tablets and leaflets but I do not mind asking if I do not understand"
- "You are given lots of leaflets with information on but really you need help to make the calls and make the initial visit to places. You need people to talk things through rather than giving you stuff to read on your own"
- "It was okay but a lot of the registration forms and health forms are very complicated and they do not need to be like this. Many people 'kick-off' when given things, it may just be because they do not understand it but time is not given to people to explain things. Illiteracy is a huge issue that I saw in prison especially the young people I saw inside".

➢ **Confidence to make contact to request healthcare support**





Sample of comments:

- "I am confident to go to appointments but not sure how to make them" (YO)
- "I had been inside for ten years and so it was hard. The help from the hostel staff was invaluable" (adult ex-offender)
- "It is hard to motivate yourself when you feel depressed. Also I do not like having to telephone people as I find this induces anxiety. I prefer to contact people by email or on line" (adult ex-offender)
- "Sort of. After ten years you are used to being told what to do exactly and when to do it. It was confusing even for me" (adult ex-offender)
- "I am not always confident to ask. It depends on the person and how I feel about them"
- "Sometimes it depends on how I am feeling" (adult ex-offender).

➢ **Suggestions to improve health information for ex-offenders**

1. To be made aware of out-of-hours support
2. To better prepare offenders prior to release from prison
3. To provide information on all aspect of health i.e. GP, dentists, opticians and pharmacists
4. To provide online communication (or via email) for ex-offenders to be able to arrange appointments
5. To use less complicated language in information leaflets
6. For professionals to take the time to make sure people have understood what has been said.

7.3 Information, help and support whilst in prison

➢ **Were you told about how to use health services when released?**

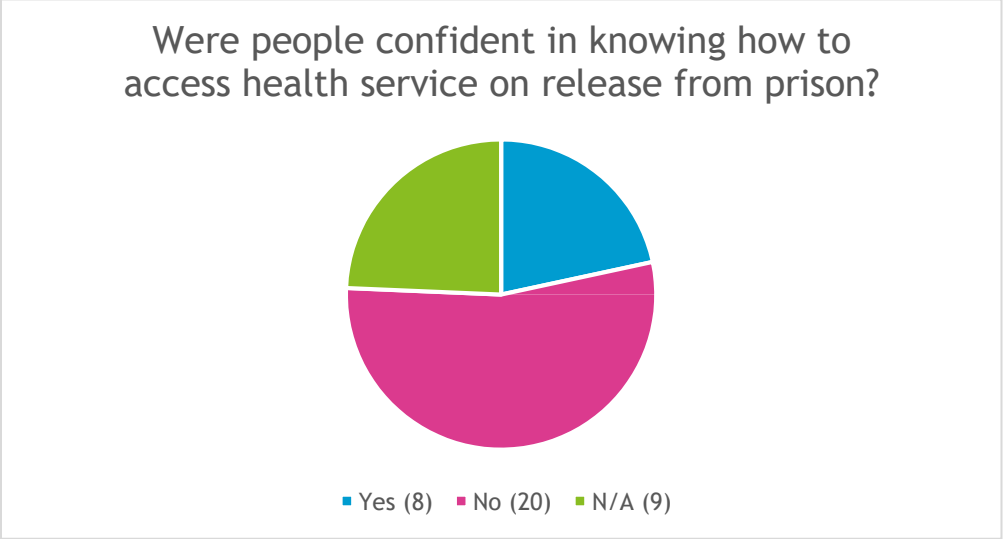
A large proportion of adult ex-offenders explained they did not receive a sufficient amount of information around how to use health services once released from prison.

Sample of comments:

- "No on how to access healthcare i.e. a GP or dentist. I did meet with a mental health worker prior to release who provided information and a number to call for support and advice and arranged my first prescription"

- "No … I received no information on how to access healthcare or where to go for support"
- "I was told very little before being released …"
- "I was told nothing about how to use health services when released, they just read through the license conditions"
- "I was not told anything about what to do about dental problems … or help for mental health, or even a GP. I was just told to get my things and then I was out after signing a piece of paper that I didn't really understand"
- "Staff need to remember that it is such a big thing being released especially after ten years, so you cannot take it all in and then remember it all"
- "I was given quite a lot of information, I was lucky as I was sent to an approved hostel which meant they made sure I had registered with a GP and got all my medication sorted. It would have been very hard to do this for myself after so many years inside as it was so confusing …"
- "This does not happen at all in my experience, maybe in smaller prisons but in a big prison there are too many prisoners for workers to spend time with and do what they should …".

➢ **Confidence in knowing how to access health services on release from prison**



Sample of comments:

- "No ... but fortunately was released into approved accommodation so I got help from the workers there"
- "I did not know what to do on release and did not really have the confidence as it was all a bit too much to take in when you have just been released"
- "Not everything, someone needs to check things through with you and maybe have a list to work through. You are just thinking about what will happen when you get out not about all the other stuff and the practicalities. The pressure and stress really increases when you are about to be released when you have been in for so many years"
- "I went into prison as a child and came out as an adult, I was never given any help, support or advice by staff to let me know how much things had changed and how I needed to look after myself and how to register with a doctor etc …".

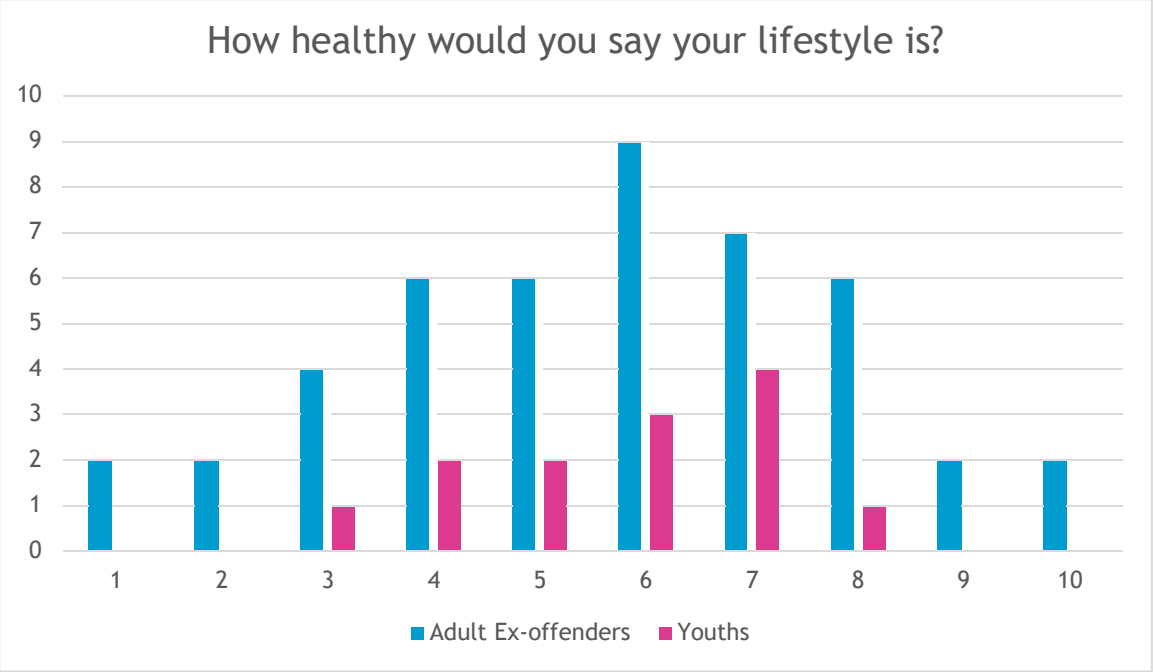
➢ **Suggestions to improve health information on release from prison**

1. More support around mental health

2. To receive sufficient information on release from prison in an accessible format
3. To be prepared and know what to do on release from prison
4. Less paperwork on release from prison so people have the time to read through the information they are given and digest it
5. Clear information around healthcare and better communication on release from prison.

7.4 Health and well-being

- **Rate how healthy your lifestyle is on a scale 1 - 10 (1** being really unhealthy and 10 being very healthy)



Majority of the YOs were happy with how healthy their lifestyle was. However, many adult ex-offenders explained how unhappy they were due to poor diets and mental health.

Sample of comments:

- "I eat too much of the wrong foods and I drink too much carbonated drinks. It's not easy where I live, I am in a hotel room and have no cooking facilities"
- "I am not happy, my mental health prevents me from being at a place where I can make the changes that are probably needed as I know I should not drink or smoke and I should eat good things"
- "I am not happy with my mental health and feeling anxious"
- "I am okay but would like to get fitter and exercise more but it is expensive when you have little money"
- "Not happy, I would like to be more healthy but I don't not know what to do"
- "I was fit when I left jail and I have since put on weight, in jail I had a purpose but outside I have nothing".

- **Suggestions to improve health and wellbeing of ex-offenders**

1. To have support to get back to 'normality', for example suitable housing and work
2. Better access to dental services
3. Help to stop smoking and/or more publicity on who to contact
4. Affordable activities for people to participate in and keep fit
5. Quicker access to mental health support and more information on how to access support

6. Information and support on healthy food options and how to prepare/cook healthy, low cost meals.

8 What should happen now?

1. **To ensure that all offenders are provided with clear information and support on all relevant healthcare services prior, and on release from prison:**
- Details of how to register and access a GP, dentist, opticians and pharmacist
- What support is available out of hours (NHS111)?

2. **Improve mental health support:**
- To improve signposting to mental health support in primary care
- Quicker access to mental health support
- More emphasis on preventing mental ill health and supporting people to deal with any underlying issues.

3. **Ensure that the information provided to offenders on release from prison is in an accessible format:**
- Ensure people are able to digest and understand the information provided
- For professionals to take the time to make sure people have understood what has been said
- Ensure language used in paperwork/leaflets is understandable to all.

4. **Work to improve the health and well-being of ex-offenders:**
- To support people to access work and suitable housing
- Signpost people to affordable keep fit activities
- Provide people with information and support on healthy food options and how to prepare/cook healthy, low cost meals.

9 Response from service providers and commissioners

The Reducing Reoffending, Offending and Offender Health Group commissioned a Health Needs Assessment to better inform decision-making relating to the health and care provided to offenders residing in Derby City and Derbyshire. A sub-group has been established, chaired by the Assistant Director of Public Health from Derbyshire County Council, and with a membership that includes representatives from commissioners and providers across both criminal justice and health ad care. The remit of the group is to implement actions identified within the HNA recommendations.

The group welcomes this report that provides additional insight on how organisations can better meet the health needs of offenders in the community. Additional information relating to the specific recommendations are included in the table below.

What should happen now?	Service provider/commissioner response:
1. To ensure that all offenders are provided with clear information and support on all relevant healthcare services prior, and on release from prison: • Details of how to register and access a GP, dentist, opticians and pharmacist • What support is available out of hours (NHS111)?	The group agrees that ensuring that offenders released from prison have been provided with information, in an appropriate format, is important to allow them to access healthcare services in the community. The group has considered the information that is provided to all offenders in the community, including those released from prisons, and will continue to work across organisations to further develop information and materials provided to offenders. The group will also consider whether more can be done to ensure probation staff have the relevant skills to support offenders with health needs, for example being able to offer the right support from a place of knowledge and confidence, and to inform healthcare staff of the health needs of offenders in the community.
2. Improve mental health support: • To improve signposting to mental health support in primary care • Quicker access to mental health support • More emphasis on preventing mental ill health and supporting people to deal with any underlying issues.	There are a number of services that are provided to all Derbyshire residents who need mental health support, to complement healthcare services and to help with promoting healthier lifestyles, accessing community groups, accessing education, volunteering and work opportunities, overcoming barriers in day to day life These include: • Adult Social Care Enablement service • The Recovery and Peer Support Service • The Independent Living Service (support to maintain tenancy). These services can be accessed by referral from professionals or by self-referral. To enable those leaving prison to access these services in a timely way, we need to ensure that Through the Gate workers make appropriate referrals to these services, prior to release, including sharing risk assessments where required. Partnership working/discussion could improve referral arrangements. The NHS Long-term plan includes a new community mental health framework that will improve support for living independently, healthy lifestyles, trauma based interventions

	and addressing co-existing substance misuse issues. Development work is in progress to redesign access to community mental health support for those that fall between primary and secondary care and to develop closer working between primary care services and community-based provision (including peer support and self-help approaches). In Tameside and Glossop this is being taken forward by the Living Life Well approach and there are plans to implement a similar approach across Derbyshire. In addition, Adult Social Care is currently developing a working age accommodation strategy which will encompass housing needs for vulnerable people or those with care/support needs.
3. Ensure that the information provided to offenders on release from prison is in an accessible format: • Ensure people are able to digest and understand the information provided • For professionals to take the time to make sure people have understood what has been said • Ensure language used in paperwork/leaflets is understandable to all.	Please see response to recommendation 1.
4. Work to improve the health and well-being of ex-offenders: • To support people to access work and suitable housing • Signpost people to affordable keep fit activities Provide people with information and support on healthy food options and how to prepare/cook healthy, low cost meals.	The group will continue to work to improve the pathways of care for offenders in the community. Three priority areas that have been identified already are ensuring access into substance misuse, mental health and learning disability and autism services. The group will finalise development and monitor implementation of these pathways. Co-location of lifestyle services within probation offices is currently being piloted in Derbyshire, thus providing easier access to specialist advice and support on adopting a healthier lifestyle. There are good links in place between probation colleagues and housing and education and employment providers, both of which can be key determinants of an individual's health.

	The group will continue to explore options for improving the health and wellbeing of offenders in the community, and are considering models of care that are commissioned specifically for this purpose in other areas.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Derbyshire County Adults Health Improvement and Scrutiny Committee
Monday 9th March 2020

CCG Summary Finance and Savings Report 1st April 2019 – 31st December 2019

Finance Summary

1. Introduction

The purpose of this report is to inform the Derbyshire County Adults Health Improvement and Scrutiny Committee of the financial performance of NHS Derby and Derbyshire CCG, including delivery of the savings plan for the nine month period ending 31st December 2019. This is the latest validated information available at the time of publication of Committee papers on Friday 28 February. A verbal update on the Month 10 position can be provided at the meeting on Monday 9 March.

The information in this report is based on the month 9 information provided to NHS England through the monthly Non-ISFE submission and to the Finance Committee via the Finance Report.

2. Financial Performance Summary

At month 9 the CCG is reporting a year to date and forecast position in line with its control total and financial plan.

Table 1 – Summary of performance against key CCG financial duties

Statutory Duty/ Performance	Target	Result	Achieved
Hold a 0.5% risk reserve (inc. PCCC)	£8.112m	£8.112m	✓
YTD achievement of control total in-year deficit (original plan)	(£11.600m)	(£11.484m)	✓
Forecast achievement of control total in-year deficit (original plan adjusted for CSF)	(£18.850m)	(£18.850m)	✓
Forecast delivery of the Savings Target	£69.500m	£47.082m	✗
Forecast - remain within the Running Cost Allowance	£22.457m	£16.698m	✓
Underlying Position	(£46.400m)	(£54.951m)	✗

Remain within cash limit	Greatest of 1.25% of Drawdown, or £0.25m	0.30%	✓
Achieve BPPC (Better Payment Practice Code)	>95% across 8 areas	Pass 8/8	✓

3. Financial Position and Key Variances

Table 2 – Summary Operating Cost Statement

	YTD				Full Year and FOT			
	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget	Annual Budget	Forecast Outturn	Forecast Variance	FOT Variance as a % of Annual Budget
	£'000's	£'000's	£'000's	%	£'000's	£'000's	£'000's	%
Acute Services	604,679	616,508	(11,829)	(1.96)	799,376	825,648	(26,272)	(3.29)
Mental Health Services	137,636	140,214	(2,577)	(1.87)	183,705	186,637	(2,932)	(1.60)
Community Health Services	106,107	104,667	1,440	1.36	141,442	139,644	1,798	1.27
Continuing Health Care	76,937	74,578	2,359	3.07	100,929	93,596	7,333	7.27
Primary Care Services	147,416	150,913	(3,497)	(2.37)	195,298	200,954	(5,655)	(2.90)
Primary Care Co-Commissioning	104,891	101,452	3,439	3.28	140,665	136,360	4,305	3.06
Other Programme Services	57,573	48,131	9,441	16.40	78,740	65,788	12,952	16.45
Total Programme Resources	**1,235,239**	**1,236,462**	**(1,223)**	**(0.10)**	**1,640,155**	**1,648,626**	**(8,471)**	**(0.52)**
Running Costs	13,657	12,318	1,339	9.81	18,624	16,698	1,926	10.34
In-Year Allocations	0	0	0		5,615	1,940	3,675	65.45
0.5% Contingency (excl co-comm)	0	0	0		7,409	4,540	2,869	38.73
In year Planned Deficit (Control Total)	(21,750)	0	(21,750)	100.00	(29,000)	0	(29,000)	100.00
CSF Received	10,150	0	10,150		10,150	0	10,150	
Total In-Year Resources	**1,237,296**	**1,248,780**	**(11,484)**	**(0.93)**	**1,652,953**	**1,671,803**	**(18,850)**	**(1.14)**

- The year to date and forecast overspend positions of £11.484m and £18.850m respectively are in line with the Commissioner Sustainability Fund (CSF) adjusted control total.
- The year to date position includes savings under delivery of £10.620m and the forecast position includes savings under delivery of £22.418m.
- £3.572m of the CCG's £8.1m mandated contingencies have been used in the forecast position (nil in the year to date position).
- If the CCG's overall position remains within plan it will receive up to a further £18.850m of CSF. £8.7m relating to quarter 3 is due in month 10.
- Any underspends or spare budget will not be re-committed without the approval of the Chief Finance Officer.

Within the reported financial position the key highlights are as follows:

Acute Services

- University Hospitals of Derby and Burton **–** The year to date position is an overspend of £2.231m and the forecast is an overspend of £3.997m. Issues remain with the latest monitoring data. The year to date position represents the overspend reported in the month 8 data, adjusted to align with the year end settlement figure which has been agreed with the Trust. The forecast position is based on the agreed year end settlement value of £404.150m, and a credit of £0.888m for the agreed challenges raised in 2018-19.

- Chesterfield Royal Hospital has a year to date underspend of £1.294m. The month 8 activity data is showing an underspend of £0.439m, with an improvement seen in the month in urgent and planned care. A benefit of £0.914m from finalising the 2018-19 position has also been recognised. The forecast is an underspend of £0.855m which includes the prior year credit and a further anticipated credit relating to 2018-19 CQUIN failure and frailty activity.

- Sheffield Teaching Hospitals has a year to date overspend of £1.358m, with £1.094m relating to current year activity. There has been an adverse movement in month of £0.104m, mainly relating to elective and non-elective activity. A cost of £0.264m following finalisation of previous year balances has been included in both the year to date and forecast positions. The forecast outturn is an overspend of £1.670m, and assumes that the overspend seen to date will continue at current levels with the exception of critical care which is expected to remain at planned levels for the remainder of the year.

Mental Health Services

- The mental health position shows a year to date overspend of £2.577m and forecast overspend of £2.932m relating mainly to high cost patients and Section 117 cases. These overspends are both due to caseload and are partially offset by a £2.174m forecast underspend against the investment budget held for the Mental Health Investment Standard (MHIS).

Community Services

- There is a year to date underspend of £1.440m and a forecast underspend of £1.798m. The position includes a year to date underspend of £1.561m and forecast underspend of £2.179m for Derbyshire Community Health Services FT (DCHS) reflecting the year-end settlement that has been reached. This underspend is partially offset by overspends for non-NHS providers mainly relating to ophthalmology.

Continuing Healthcare

- The year to date variance is an underspend of £2.359m, which has worsened by £2.151m from month 8. £1.290m of the movement is due to a revised forecast cost from the Local Authority for the CCGs share of joint funded packages. There has also been increased pressure on the fully funded PHB budget. There is a forecast annual underspend of £7.333m, reflecting underspends relating to prior year benefits and 2019-20 activity forecasts based on confirmed current caseload, partly offset by pressures on children's packages and savings schemes that have not commenced as planned.

Primary Care

- The year to date variance is an overspend of £3.497m which is a deterioration in position due to an increased overspend for prescribing costs and a budget pressure for savings schemes which has been recognised in month. The forecast position is an overspend of £5.655m. The prescribing budget continues to show an overspend position with £6.127m forecast, mainly due to cost pressures relating to Category M drugs along with cost and volume variances. An overspend of £2.179m is also forecast

for primary care savings. These overspends are expected to be partly offset by underspends across other primary care areas.

Primary Care Co-Commissioning

- There is a year to date underspend of £3.439m and a forecast underspend of £4.305m. The majority of the underspends relate to prior year benefits, mainly for rent reviews. The position also include an expected underspend for demographic growth on contracts and small underspends across a number of other areas.

Running Costs

- The running cost budget of £18.624m was set well below the running cost allocation of £22.457m. The streamline budget reflects savings and efficiencies. It also prepares the CCG for mandated Running Cost reductions in 2020-21. The latest forecast position is an underspend of £1.926m, relating to vacancy slippage and prior year benefits mainly for premises.

4. Underlying Position

The CCG's underlying (UDL) position compares the recurrent funds available against the recurrent expenditure baseline. The difference between the two will result in either an underlying surplus or deficit for the CCG. This is an indicator of the underlying financial health of the organisation. The CCG's underlying position is directly affected by the delivery of recurrent savings and underspends against budget (improvement in position) or non-delivery of recurrent savings and overspends against budgets (deterioration).

Table 3 – Underlying Position Summary

	£'m
Control Total	(29.0)
Non-Recurrent Savings	(9.8)
Other Non-Recurrent Transactions	(16.2)
Forecast 2019/20 Exit Underlying Position	**(55.0)**
UDL as a Percentage of Recurrent Allocation	(3.4%)

These figures exclude the full year effect of savings.

5. Risks and Mitigations

The CCG is reporting a fully mitigated risk position. Identified activity/financial risks totalling £4.5m are mitigated by the unused 0.5% contingency.

Table 4 - Risks & Mitigations

	£'m
Risks	
Activity Risk	1.7
Acute Services	1.5
Mental Health Services	0.2
Prescribing	0.8
Other Programme Services	0.1
Running Costs	0.2
Total Risks	**4.5**

Mitigations	
0.5% Contingency Held	4.5
Total Mitigations	**4.5**
Net (Risk) / Mitigation	**0**

6. Savings Programme Year to Date and Forecast Outturn Position at Month 9

As at 31st December 2019 the CCG has delivered cash-releasing savings of £36.8m against a year to date target of £47.3m, an underperformance of £10.5m (22%), compared to a year to date shortfall at Month 8 of £7.5m (19%). This position reflects the fact that the phasing of the CCG Efficiency programme included delivery of 65% of the financial benefit in the last two quarters of the year.

Table 5 compares the savings programme from Month 9 to Month 8, noting that the forecast outturn position has deteriorated from Month 8 by £1.1m.

Table 5 – Summary of Savings Programme Results Month 9 and Month 8 on Annual Savings Target of £69.5 million

	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m	Forecast Outturn £'m	Risk Inside FO £'m	Risk outside FO £'m	Total Risk £'m	CTAP Adjustment included in Forecast Outturn £'m
Month 8	39.8	32.3	(7.5)	48.1	21.4	0	21.4	2.2
Month 9	47.3	36.8	(10.5)	47.1	22.4	0	22.4	2.5
Variance	7.5	4.5	(3.0)	(1.1)	1.1	0	1.1	0.3

At Month 9 the total risk assessment has increased overall by £1.1m to £22.4m. This is shown as risk inside the forecast outturn position with no risk reported outside of forecast related to individual schemes. Table 6 summarises the risk reported to NHS England.

Table 6 – Summary of Savings Programme Risk Assessment

Total Savings Risk Reporting to NHS England	M3 £'m	M4 £'m	M5 £'m	M6 £'m	M7 £'m	M8 £'m	M9 £'m	Diff M8 – M9 £'m
Risk included in FOT	Zero	2.2	9.4	13.7	20.3	21.4	22.4	(1.1)
Risk not included in FOT	10.6	10.6	3.3	3.9	0.0	0.0	0.0	0.0
Total Savings Risk	**10.6**	**12.8**	**12.8**	**17.6**	**20.3**	**21.4**	**22.4**	**(1.1)**

Table 7 shows the monthly run rate required for Months 10 to 12 is £3.4m, compared to the average monthly run rate for Months 1-9 of £4.1m. If the monthly run rate is less than the projected run rate of £3.4m there will be additional risk to the delivery of the forecast outturn. The CCG needs to deliver £10.3m of savings in Months 10 to 12 to achieve this forecast outturn although the organisation will continue to seek to exceed this position.

Table 7 – Run Rate on Savings Programme

	M1 £'m	M2 £'m	M3 £'m	M4 £'m	M5 £'m	M6 £'m	M7 £'m	M8 £'m	M9 £'m	Total M9 YTD £'m	Total M10 – 12 Delivery £'m	Total Forecast Outturn £'m
Delivery Value	2.6	3.3	3.6	3.7	4.9	5.8	4.9	3.6	4.5	36.8	10.3 *Average 3.43 per month*	47.1

The current profile of risk relating to under-performing schemes is £29.7 million of the confirmed programme with an additional £1.6 million of governed closed schemes totalling £31.3 million. This is offset by £8.9 million of underperforming schemes.

Table 8 below summarises the programme performance from Month 7 through to Month 9, noting a worsening forecast position of £1.1million movement from Month 8.

Table 8 – Movement in Savings Delivery

	FOT -v- Variance M7 £ms	FOT -v- Variance M8 £ms	FOT -v- Variance M9 £ms	Difference FOT M8 to M9 £ms
Sub Total Negative Variances	-27.7	-28.7	-29.7	-1.0
Closed Schemes	-1.6	-1.6	-1.6	0.0
Total Negative Variance Schemes	-29.4	-30.3	-31.3	-1.0
Sub Total Positive Variances	7.0	6.7	6.4	-0.3
Sub Total Positive Variance CTAP Mitigations	2.0	2.2	2.5	0.2
Total Positive Variance Schemes	9.1	8.9	8.9	-0.1
TOTAL OVERALL PERFORMANCE	**-20.3**	**-21.4**	**-22.4**	**-1.1**

7. Summary

At month 9 the year to date and forecast positions are in line with plan.

£3.6m of the CCG's £8.1m mandated contingencies have been used in the forecast position, with nil in the year to date position.

Any overspend or under delivery of savings at this point in the year will be supported by robust mitigation plans or alternative savings. These will be reported through the Financial Recovery Group and Finance Committee.

Risks of £4.5m are being mitigated by unused contingencies, whilst recovery actions are also continuing to be pursued.

The month 9 savings information shows year to date delivery of £36.8m (against a phased plan of £47.3m) and a forecast savings delivery of £47.1m against a planned total of £69.5m.

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Derby and Derbyshire
Clinical Commissioning Group

Derbyshire County Council Improvement and Scrutiny Committee 9 March 2020

Overview

The inpatient services for older people with functional mental health conditions are currently provided in adapted mental health facilities in the London Road Community Hospital, in Derby City Centre.

This paper proposes a public consultation with regard to the proposed move of functional mental health services for older people in Derby from London Road Community Hospital to the Derbyshire Healthcare NHS Foundation Trust site at Kingsway Hospital.

The consultation document appended to this front sheet outlines the proposal to relocate Ward 1 services to Tissington House which is a modern facility based at Kingsway Hospital in Derby. Tissington House was previously used as an inpatient unit for older people with organic mental illness and it is currently vacant. The availability of Tissington House provides a unique opportunity to relocate Ward 1 functional mental health services into bespoke, modern facilities within a therapeutic, green environment.

Request of the Improvement and Scrutiny Committee

The Mental Health Commissioning Team and the CCG Communication and Engagement Team would welcome the views and recommendations of Derbyshire County Council Improvement and Scrutiny Committee on this proposed relocation and the Committee is requested to:

- discuss the approach being taken with regard to the proposed relocation of Ward 1 LRCH to the Kingsway Hospital site
- provide feedback on the consultation plan for the proposed relocation

If the proposed public consultation is approved and the final decision is to relocate the service to the DHcFT Kingsway site, the preference would be to implement the relocation before winter 2020 to minimise any impact upon patients.

As a point of note the proposed consultation document was presented to the Derby City Adult Health Scrutiny and Review Board on 4 February 2019 and they offered their overall support for the proposed consultation.

Derby and Derbyshire
Clinical Commissioning Group

Public Consultation

Functional Mental Health Service for Older People in Derby

Proposed service move from London Road Community Hospital to Kingsway Hospital

Dates of consultation – Tbc

Contents

Functional Mental Health Service for Older People in Derby

Proposed service move from London Road Community Hospital to Kingsway Hospital

Summary

Derby and Derbyshire Clinical Commissioning Group (DDCCG) commission Derbyshire Healthcare NHS Foundation Trust (DHcFT) as a specialist provider of children's learning disability, substance misuse and mental health services – across community, inpatient and specialist settings in Derby and Derbyshire.

The Trust provides a range of inpatient or bedded services at hospitals throughout Derbyshire. In Derby this includes a wide range of services at Kingsway Hospital, a range of acute mental health services for adults at the Radbourne Unit on the Royal Derby Hospital site and a small number of services that are delivered at London Road Community Hospital. Inpatient care is also available in Chesterfield, through the Hartington Unit on the Chesterfield Royal Hospital site.

Inpatient services for older people in Derby are currently split across two sites:

- Kingsway Hospital – which offers specialist inpatient Dementia care (also called *organic* mental illness)
- London Road Community Hospital – which offers specialist inpatient care for people over 65 who have a *functional* mental illness (for example depression, schizophrenia, mood disorders, anxiety or wider mental health diagnosis other than dementia).

This consultation document outlines proposals to relocate the functional mental health care for older adults from the London Road Community Hospital to Kingsway Hospital.

This consultation documents outlines the reasons behind the proposed move and provides details on how you can share your views and comments on these proposals.

The public consultation will take place between (tbc) and it is based upon two key points:

1. This is a single option proposal based upon the fact that this is the only viable solution that offers the range of benefits outlined including single room provision. The "do nothing" option would result in the service staying in the current location and this would not achieve the improvements in service user experience which form the basis of this proposal.

2. Given that this service is specific to a small number of current service users, their families, carers, partners and stakeholders and that the service itself will continue to be provided in the future from a different location, it is proposed that the consultation should be delivered intensively over a 60 day period

Background

The inpatient services for older people with functional mental health conditions are currently provided in facilities in the London Road Community Hospital, in Derby city centre. These facilities have been adapted so that they can be used to provide mental health care and are leased from University Hospitals of Derby and Burton (UHDB) who own the London Road Community Hospital site.

The inpatient service for older people over 65 for organic mental illness (such as dementia) are provided in purpose built mental health facilities on the Kingsway Hospital site in Derby.

There are a number of people who will have both an organic and functional mental health diagnosis. These people could be supported through either service, depending on the nature of each individual's clinical needs.

How the service has changed over recent years

Before 2016, the service operated out of two wards (Ward 1 and Ward 2) at London Road Community Hospital. During 2016, investment was made to support a greater number of older people within their home environment. This is known to provide a better patient experience and reduce any confusion or disorientation that can be created when older people have a short stay in hospital. Due to the success of this development, the number of people who needed inpatient care on Ward 1 or Ward 2 started to reduce.

Given this, the service took the decision to stop using part of Ward 2 and temporarily move a number of clinical staff into the community to support older people with functional illness in their own homes or places they called home. The service is called the In-reach and Home Treatment Team (IRHTT). The new service is now able to support more and more people in their own homes to prevent admissions to hospital being required, through the offer of intensive support at times of crisis or changes in circumstances, linking in with other services in the community for older people.

The new service was so successful in reducing the number of admissions and the occupancy levels on the ward to the extent that in January 2017 the decision was made to temporarily close Ward 2 and move the rest of the ward-based staff team into the IRHTT.

The proposed service model

Ward 1 is based at London Road Community Hospital site in Derby. The ward is an 18-bedded, mixed-sex inpatient ward, which has the ability to increase to 20 beds when necessary. The ward has gender-specific sleeping areas with a mix of single and shared rooms, which all have en-suite facilities.

This consultation document outlines the proposal to relocated Ward 1 services to Tissington House, which is a modern facility based at Kingsway Hospital in Derby. Tissington House was previously used as an inpatient unit for older people with organic mental illness and it is currently vacant.

The availability of Tissington House provides a unique opportunity to relocate Ward 1 functional mental health services into bespoke, modern facilities within a therapeutic, green environment.

Should the proposals outlined in this document be approved, functional mental health services would be offered from 18 beds at Tissington House. Due to the unit's closer proximity to Cubley Court (which provides the Trust's organic or dementia services) and the ongoing development of the IRHTT, modelling indicates that it is feasible to deliver the service from 18 beds going forwards.

Process to date

Following the temporary closure of Ward 2 and the establishment of the IRHTT, DHcFT conducted an evaluation of the new IRHTT service, considering the impact it had on patient outcomes, the number of admissions avoided and its overall impact.

The evaluation showed the service was having a positive impact. The four Clinical Commissioning Groups (CCGs) in Derbyshire, which preceded NHS Derby and Derbyshire CCG, all received the evaluation in 2018 and agreed the recommendation that the IRHTT service continue and that Ward 2 remain closed, temporarily.

In 2018, the Joined Up Care Derbyshire Clinical and Professional Advisory Group reviewed the evaluation and the current clinical model and was satisfied that the IRHTT approach was one that they wished to support for future development.

Over the winter of 2018/19, the empty Ward 2 was refitted by University Hospitals of Derby and Burton to be able to provide an expanded service over the winter period.

In May 2019, the Joined Up Care Derbyshire Board received a paper outlining the work undertaken to date and recommending that the Derbyshire health system proceed to consult with patients and public over a proposal to move the current service from London Road Community Hospital to Kingsway Hospital.

Rationale for the proposal to move the service to Kingsway Hospital

- **The estate -** The current estate from which the Ward 1 service operates is a community hospital ward, built in the 1980s, which has been specially adapted for use for mental health inpatient services. It is currently fully compliant with the legislative requirements of a mental health inpatient facility.

  However, the guidance around mental health facilities is changing. In the future, all beds will need to be in single bedrooms, with en-suite facilities. The current layout of the ward and the current reliance on shared facilities will make this difficult to achieve on the current site.

  The ward facilities at Kingsway Hospital were purpose built as mental health inpatient facilities in 2009. The proposed location of the ward would be on the current Tissington Ward. The work required to make this facility fully compliant with the new single-bed requirements is much less than is required on the current Ward 1.

  Tissington House benefits from a therapeutic, green environment, with a number of wider facilities being available on the hospital site including a restaurant,

patient bank and multi-faith chapel. The hospital is in short walking distance to the Kingsway Retail Park.

- **Clinical benefits -** Since the temporary closure of Ward 2, the Older People's Functional Illness inpatient service has been geographically isolated from the other mental health inpatient services covering the City and Southern Derbyshire, at Kingsway Hospital and in the Radbourne Unit on the Royal Derby Hospital site.

  This proposed move would see the service relocated to Tissington Ward, which is close to the two Cubley Court Units, where Older People's Organic Illness inpatient services are already provided. There are a number of clinical benefits from basing these services close to each other, from the perspective of joint training for staff, greater staffing resilience across the new units and the sharing of expertise and best practice across a small site.

  The majority of the Kingsway Hospital site has been completely rebuilt and redeveloped in 2009-10. As such, the inpatient areas, including those proposed for the relocated service, are in a purpose built environment for mental health services. The atmosphere is calm, with open access to green spaces and landscaped gardens. This therapeutic environment would be almost impossible to recreate in a firmly urban environment like London Road.

Other benefits

There are some wider financial benefits to the local healthcare system from moving the service from London Road to Kingsway Hospital. At the moment, the Tissington House ward facilities at Kingsway Hospital, which are being proposed to be used after the move, are currently empty. As such they are incurring costs of maintenance without being used for the care of patients. These are high quality facilities which could provide excellent service provision and ensure the site potential is maximised.

As mentioned above, the cost to the Derbyshire health system of bringing the inpatient facilities up to date and compliant with single-bed en-suite requirements are much less in the proposed new accommodation than in Ward 1 at LRCH.

The experience for visitors at the London Road site can be problematic, particularly for those visitors required to use their own cars. Parking is limited on-site and both on-site parking and on-road parking are closely regulated and involve payment charges. Parking at the Kingsway site is free for visitors and has greater availability, particularly in the evening, although spaces are not guaranteed.

Whilst the London Road Community Hospital site is very close to the city centre, it is not easily accessible by public transport from other parts of the city and other areas across southern Derbyshire. People using public transport will usually have a 10-15

minute walk from the bus station out to London Road, or a change of bus. Whilst the Kingsway site is not on a current bus route, the bus services out to the Royal Derby Hospital site are numerous at most times of the day and then visitors would have a 10-15 minute walk to the Kingsway Hospital site.

Issues that we would like to explore with patients and public through the consultation

We would like to know what current patients, potential future patients, carers and members of the public think about our proposal to move the inpatient Older People's Functional Illness service from the London Road Community Hospital site to Kingsway Hospital.

We would like to know what the impact would be on people as individuals so that if we do relocate the service we can make the necessary adjustments to ensure that people aren't adversely affected by any move.

We are particularly interested in hearing from any people with protected characteristics under the Equalities Act to see if they thought that any relocation would have an adverse impact on them.

Process beyond the consultation

Following this period of consultation, NHS Derby and Derbyshire Clinical Commissioning Group will collate the information and feedback received on the proposed move and will consider the impact of the proposal and how any adverse impacts might be mitigated and adjusted.

A report and recommendation will then be submitted via the CCG governance process culminating in the decision of the CCG Governing Body on whether to approve the proposed relocation of the service, or not.

Should the proposal be approved for the relocation of the service, DHcFT will then conduct a formal consultation with their employees over the proposed move of their employment base. Subject to all these processes, it is envisaged that the relocation of the service could be delivered before winter 2020.

Questionnaire

The purpose of the public consultation is to identify any key concerns and/or wider thoughts and ideas about the proposal to relocate older adult functional mental health services from London Road Community Hospital to Kingsway Hospital in Derby. Your feedback will help to further refine these proposals and deliver a service that effectively meets the needs of our patients and their families and/or carers.

An electronic version of this survey is available via xxxxxxx if you would prefer to share your views in this way.

1. Please share your comments on the proposal to relocate older adult functional mental health services from London Road Community Hospital to Kingsway Hospital

2. Do you have any ideas that would further enhance these proposals?

3. Is there anything that concerns you?

4. Is there anything else you would like to add?

Please provide the following information (this is to ensure that we receive feedback that reflects the views of our patient/carer population).

Relationship with the Trust: (please tick)

Carer

Service user/patient

Volunteer

Member of staff

Partner organisation

Other (please specify)

Thank you for your feedback

Please return this completed survey to:

FREEPOST ADDRESS

Ethnicity: *(please circle)*

Asian Bangladeshi	Asian Indian	Asian Pakistani
Asian other	Black African	Black Caribbean
Black other	Chinese	Mixed white and Asian
Mixed white and black African	Mixed white and black Caribbean	Other mixed
White British	White Irish	White other
Other	Unknown	Not stated

Faith: *(please circle)*

Agnostic	Atheist	Buddhist
Christian	Hindu	Jewish
Muslim	No religion	Pagan
Sikh	Other	I prefer not to say

Sexual orientation: *(please circle)*

Bi man	Bi woman	Gay man	I prefer to use my own term:
Gay woman/ lesbian	Straight	I prefer not to say	.....

Do you consider yourself to be disabled? *(please circle)*

No	Yes	I prefer not to say

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