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To: Members of Improvement and Scrutiny Committee - Health

Friday, 26 February 2021

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 8 March 2021** virtually; the agenda for which is set out below.

Yours faithfully

A handwritten signature in black ink that reads 'Helen E. Barrington'.

Helen Barrington
Director of Legal Services

AGENDA

PART I - NON-EXEMPT ITEMS

1. To receive apologies for absence (if any)
2. To receive declarations of interest (if any)
3. To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 18 January 2021 (Pages 1 - 4)
4. Public Questions (30 minutes maximum in total) (Pages 5 - 6)

(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. Mental Health Service Dormitories Project (Pages 7 - 10)
6. Primary Care Services (and Primary Care Networks Out-of-Hours Service) (Pages 11 - 14)
7. Procurement of Children & Young People's Mental Health Digital Service (Pages 15 - 18)
8. South Yorkshire Area Joint Health Scrutiny Committee Update

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MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held remotely on MS Teams on 18 January 2021

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Blank, M Ford (substitute) and G Musson

Apologies were received from Councillors S Burfoot, L Grooby and A Stevenson

Also in attendance were William Jones from Derby and Derbyshire CCG and Helen Henderson-Spoors from Healthwatch Derbyshire

01/21 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 23 November 2020 be confirmed as a correct record and signed by the Chairman.

02/21 **PUBLIC QUESTIONS** There were no questions from the public.

03/21 **DERBYSHIRE COMMUNITY HEALTH SERVICE - COVID-19 UPDATE** Mr Jones gave a presentation update to the Committee on the Derbyshire Community Health Service's response to COVID-19.

This was the NHS's biggest challenge on record and the Service had a pivotal role supporting discharge from local acute and community hospital beds, and caring for people at home. It saw an increase of digital technology and was able to maintain essential high priority services. Some services were temporarily stopped and adjustments made to others to release extra capacity and resilience where it was needed most.

The response from colleagues was exceptional with some temporarily redeployed into areas where additional capacity was required. There was a significant increase in cleaning, driving and PPE logistics and distribution and support to primary care hubs in Belper, Buxton and Ripley.

Core service provision was maintained throughout with a good track record of infection prevention and control in line with Public Health England guidance. From the early stages all staff and visitors to centres wore face masks. The message from the NHS was clear: *"we are doing everything possible to make accessing our services safe, and while it is not business as usual for the NHS, the NHS is still very much open for business"*. Working differently had become the new normal, with extensive innovation and increased virtual consultations.

The Autumn saw focus reverted back to managing Covid-19 and our local joined-up response whilst learning from the initial wave. Some services were adjusted/reduced to maintain essential services (these were kept to a minimum) however significant pressures were experienced with demand on services and an increase in staff absence, despite flexibility and compassion being experienced.

Derbyshire's COVID-19 vaccination programme was now underway, with DCHS providing support to local Primary Care Networks (PCNs) in establishing and delivering 15 local vaccination service centres in Derby and Derbyshire hospitals, community pharmacies, care homes and housebound patients. It was expected that 90% of frontline health and social care workers would be vaccinated by the end of Jan.

Committee members asked questions predominantly around the storage and availability of vaccines and the supply and availability of equipment and received assurances that targets were being met.

RESOLVED – that the report be noted.

The Chairman thanked Mr Jones for attending the meeting and looked forward to hearing from him in the near future.

04/21 **EXPERIENCES OF VIRTUAL APPOINTMENTS DURING COVID-19** Ms Henderson-Spoors from Healthwatch Derbyshire briefed the Committee on the report.

There had been a significant rise in the use of digital services rather than face-to-face services during the COVID-19 pandemic. The report outlined the findings of the study which was conducted to help provide an understanding of where virtual appointments may not have met the needs of patients and highlight the reasons why people may not have engaged with appointments virtually. The report also included information on where the needs of patients and the key areas in which virtual appointments met people's healthcare needs.

From August to September 2020, telephone interviews were held with residents from both Derbyshire and Derby city who had undergone virtual appointments, as well as those who hadn't accessed this type of appointment. People were asked about their access to and confidence with technology, their experiences of booking a virtual appointment and if the method of appointment suited their needs. Individual experiences through social media, virtual engagements and via health professionals were also considered.

The findings were shared with stakeholders across Derbyshire including Joined Up Care Derbyshire, the NHS Derby and Derbyshire Clinical Commissioning Group, Derbyshire County Council, NHS services and voluntary

sector colleagues. The information collated was used to help inform the decision-making process on how best to operate services in the future.

The conclusions and recommendations of the study were:

- Virtual appointments did not work for many participants for a variety of reasons and at times were inaccessible to participants in specific groups who were digitally excluded. Careful consideration would need to be given and actions taken to ensure that these groups could access services and were not disadvantaged.
- Participants who faced barriers during their attempt to access an appointment were less likely to have a positive perception of virtual appointments, even if the method of appointment was suitable for their needs. A seamless process for patients booking virtual appointments was vital to meeting people's healthcare needs.
- Effective communication amongst professionals and services as well as external communications to patients were key factors in virtual appointments meeting patients' healthcare needs. Health providers should provide a clear explanation of their appointment process via their website, reception teams, and written communications.
- Whilst there were some important considerations for people who might receive lesser-quality care because they don't have access to technology, for others there were benefits of virtual appointments. For many, it was far more convenient to access services virtually than having to attend in person and was felt to be the safest way to access services during the pandemic.
- The option of patient choice regarding the type and method of appointment would have been desirable for many participants. Assessing a patient's capability to access different types of virtual appointments would be a positive step in helping find an appointment format that suited their needs.
- Services to acknowledge receipt of data submitted by patients, especially for receipt of photographic images with information of where the images would be stored and how the patient would be contacted in the future.
- Services to allow for patient feedback to enable patients to suggest continual and ongoing improvements to the software and technology involved in virtual appointments. Online booking systems were seen as an effective way to book an appointment by many participants but there were areas for improvement that the option for patient feedback would help address.

The committee welcomed the report and posed a number of questions based on the information presented. The Chairman thanked Ms Henderson-Spoors for her presentation.

RESOLVED – that the contents of the report be noted.

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.



Improving mental health inpatient facilities in Derbyshire

Paper presented by:

Helen Dillistone, Executive Director of Corporate Strategy and Delivery
NHS Derby and Derbyshire Clinical Commissioning Group

Claire Wright, Deputy Chief Executive and Executive Director of Finance
Derbyshire Healthcare NHS Foundation Trust

David Gardner
Assistant Director ,MH, CYP,LD Commissioning

Introduction

There are a wide range of mental health services currently provided throughout Derbyshire. Given the increasing demand for mental health support, a number of conversations are underway about how the requirements of the Five Year Forward View will be implemented locally. This includes potential changes and developments to both community and inpatient mental health services.

This paper focuses on local inpatient (hospital based) mental health services and our collective plans to improve the local facilities we currently have available, through national funding that has been identified to ensure that the services provided locally are able to meet current national requirements.

The plans outlined in this paper are an exciting opportunity to transform the facilities we currently have available in the city and county, bringing local mental health inpatient services more in line with national expectations and the services that are already provided across most other areas in the UK.

The case for change

Acute mental health services in Derbyshire are provided by Derbyshire Healthcare NHS Foundation Trust. At present there are two acute inpatient services for adults of working age in the county: the Hartington Unit in Chesterfield (based on the Chesterfield Royal Hospital site) and the Radbourne Unit in Derby (based on the Royal Derby Hospital site). Both units provide care from old fashioned dormitory style facilities, with approximately four beds within a bay.

In recent years the Trust has identified that the current estate from which acute mental health services are provided at both sites does not comply with current regulatory and legislative requirements for single, en-suite accommodation.

Given the significant level of investment required, these changes cannot be funded by the local health care system. Therefore this substantial national investment is a

fantastic opportunity and must be taken forward to ensure we are able to provide the best possible facilities for people accessing services in Derbyshire.

The current situation

Derbyshire Healthcare NHS Foundation Trust, with support from the Clinical Commissioning Group (CCG), raised the need for national investment with NHS England and Improvement.

At the point of writing the Trust has received a small level of investment which has been provided for us to develop business cases to look at how we move forward and develop services to meet the national requirements. Whilst not confirmed at the time of writing, we are expecting to receive national dormitory eradication funding to improve mental health services in Derbyshire

It is important to note that once approval of any funding is granted, we will need to work at pace to implement the changes required. This is driven from a national level with the expectation that these changes are made quickly, to improve privacy and dignity and the overall patient experience of people receiving inpatient care for their acute mental health needs.

The conversations taking place at a national level focus on the dormitory provision in both the adult acute inpatient accommodation at the Hartington Unit in the north (Derbyshire County) *and* the Radbourne Unit in the south (Derby City). We have already briefed Derby City HOSC about the City based service and we are now briefing the County HOSC around the case and the intention to improve the facilities these services are delivered from.

Due to the Radbourne Unit supporting patients from the City and the County, especially South Derbyshire, we will ensure that the County HOSC is aware of any changes to both units.

Since our initial conversations with both of the HOSC, we understand the funding allocated for Derbyshire is slightly lower than initially expected, although still substantial. Given this change we will be reviewing our options to ensure the development can successfully progress within this financial envelope. We will continue to engage with the HOSC as these plans develop.

Development of a Psychiatric Intensive Care Unit (PICU)

There is currently no PICU facility within Derbyshire and any patients who need this increased level of support for their mental health needs, have to travel outside of Derbyshire to access this service. This is not ideal for the experience of our patients/carers and also not in line with national guidance

Therefore in addition to the planned development of the two new acute units (which remain subject to national funding), Derbyshire Healthcare has committed to separately fund the development of a PICU on the Kingsway Hospital site in Derby.

Similar developments have previously take place in other parts of the country and whilst we are in our initial scoping and planning stage we have been seeking advice on how these units have been developed.

The importance of engagement in our developments

We have engaged with a group of local service user representatives on all of the projects outlined in this paper, many of whom have experience of receiving acute inpatient care from the Trust's existing mental health facilities. This group have provided valuable input from a lived experience perspective and we intend to continue this engagement as we move towards service development options.

In addition, we will be working with the group of service receivers to develop robust engagement processes and plans to ensure we offer various options for engagement including but not limited to virtual discussion sessions and questionnaires. Our engagement plans will be co-produced with the service receiver group and be proportionate to the options identified. We will consider a range of possibilities in line with the guidelines of the current pandemic and reasonable adjustments to ensure our engagement is all inclusive and meaningful.

Next steps

It is clear that we will need to move at speed to deliver this fantastic opportunity for local people. We believe that the central funding for the eradication of dormitory accommodation must be utilised before the end of March 2024 – making it very tight to achieve such a development within this time period.

We would like ensure that both HOSC's are aware of possible developments and to start an ongoing dialogue and seek advice on the development of a programme of engagement.

We intend to work alongside current and former patients, their carers and service user representatives to shape developments, making sure any new facilities meet their needs and preferences. We shall also engage with wider internal and external stakeholders and liaise with the HOSC throughout this process.

This is an overwhelmingly positive development and would greatly enhance the acute mental health care currently provided in Derbyshire. We see this as an amazing opportunity for local people who will benefit from additional mental health service being offered locally and through modern, fit for purpose accommodation.

Example images show what our new facilities could look like:



General Practice in Derbyshire: Update Paper

County Adult and Health Scrutiny Review Board

March 2021

Aim of the paper

This paper aims to set out:

- A review of the primary care response to the COVID 19 pandemic to maintain and deliver key services
- Opportunities for April 2021 and beyond

Section 1: The current position of General Practice in Derbyshire

A. Access

All Derbyshire General Practices are open and seeing patients face to face. GPs have followed national guidance and adopted a 'total triage' system, treating patients over the phone or online whenever appropriate. Appointments have actually risen since this time last year, and access has improved.

- 2.2% more appointments were offered in December 2020 compared to December 2019
- 2.66% more appointments were offered the same day or the next day (50.21% compared to 47.55% in December 2019)
- There were fewer face to face appointments (67.27% compared to 80.86%) with telephone and online consultations making up the difference

Some branch surgeries have temporarily closed due to difficulties ensuring COVID security or the need to rationalise staffing but all surgeries are open and are advertising this on websites, in reception and on phone messages. The CCG and Local Medical Committee (LMC) have produced joint communications to advise patients that their surgeries are open. The CCG has investigated all patient concerns raised about practices being closed, or refusing face to face appointments. To date none of these concerns have been upheld.

B. Sickness levels and practice outbreaks

On the 25th February 2021 General Practice reported 5.7% absence levels (5.1% non-clinical, 6.3% clinical). This is relatively low compared to other parts of the NHS and social care system and low compared to the height of the first wave where absences ran at 15-20%.

None of the 112 Derbyshire practices are currently experiencing outbreaks (as of 25/02/21). An outbreak is any situation where 2 or more staff test positive. Practices have updated their business continuity plans to address this risk and the CCG is working with the GP Task Force to establish a clinical and non-clinical staff bank which practices can call on if they need staff in an emergency.

C. Current pressure on General Practice

Primary Care Network Clinical Directors have worked with the CCG to establish a RAG rating system to assess pressure on General Practice. This asks practices to assess themselves as green, amber or red in terms of pressure on practice, balancing demand on services against capacity to deliver

As of the week commencing 24th November General Practice is on 'amber' alert. The definition of amber is that the 'service has limited capacity. The service can accept referrals but they are busy and may not be able to meet the disposition time frame. Alternative services should be considered where possible'. This is equivalent to OPEL level 2 in the wider Derbyshire system. This is in line with national assessments. In November the BMJ stated that it expected General Practice nationally to be at amber or red currently and for the foreseeable future.

D. Restoration and recovery

Since May General Practice has been working to catch up and restore services. In particular it has been focusing on:

- Health checks for adults with a learning disability;
- Children's vaccination and immunisation programmes;
- Early cancer diagnosis and expediting all urgent referrals to secondary care;
- Screening programmes and catching up the care of people with long term conditions;
- Flu vaccination (including planning for those aged 50-64); and
- Supporting care homes (including weekly check ins, personalised care planning and medication reviews).

Overall Derbyshire practices are on track to deliver all the national targets linked to recovery and restoration. Whilst this is on track practices and the CCG are monitoring progress in light of the increasing pressure on services from COVID and normal winter demands.

Infrastructure: IT

The pandemic has forced a transformation in the way practices and patients use IT, moving General Practice from a predominantly physical and 'face to face' service to a predominantly virtual, telephone and online service. Responding to staff sickness and self-isolation the CCG issued hundreds of laptops and clinicians are now routinely working away from their surgeries using online consultation tools.

Some of this change is temporary, some permanent. Practices are rapidly moving back to face to face contact for those patients who need it. However there have been benefits in remote working in terms of improved patient choice and experience, more rapid access and more efficient use of time and we wish to make those improvements permanent. The CCG is currently surveying practices to get their view on the IT benefits which should be retained and extended. This will then feed into our local implementation of the national programmes designed to embed the positive gains made over the last six months.

Section 2: Opportunities for April 2021 and beyond

A. Our local commissioning approach so far

As well as the national strategy to develop Primary Care Networks and invest in additional staff to support new enhanced services at scale the CCG has been working on consolidating and developing our local commissioning approach. We have delivered the first two phases of this:

- Phase 1: ensure all practices are delivering a high quality 'core' service. The Primary Care Quality Team has developed a programme of monitoring and support to ensure that a consistent high quality of care is offered by all our practices. This has included facilitated Clinical Governance meetings, protected learning time for Practices, local quality assurance visits and support for practices with the CQC process.
- Phase 2: ensure that patients can receive services from their local practice wherever possible and appropriate. Working with the LMC and GPs the Primary Care Commissioning Team has looked at all the services that were commissioned by the four legacy CCGs in Derbyshire and commissioned a single set of services, including new services which we believe can and should be commissioned from General Practice. We have agreed county wide specifications and funding so that all practices are paid fairly and all patients, regardless of where they live in Derby or Derbyshire, can expect the same services from their local GP practice.

B. The next phase: urgent response in the community

The next phase will look at new services we could commission from General Practice and other community providers to improve care, focusing on those who need support the most.

From April 2021 we would like to focus on how we provide urgent care for people in the community. We intend to establish a service for people who are 'housebound' and cannot get to their practice but need care quickly. At the moment GPs and staff from the NHS and from Adult Social Care visit people in their own homes and we tend to do this separately and often responding to an urgent need. We'd like to develop and invest in a team of people from different organisations who work together to visit people in their own homes, providing proactive care as well as urgent reactive care.

We'd like this team to work at scale and to commission this service from Primary Care Networks. It will link to the Directed Enhanced Service for Care Homes that we started commissioning from Primary Care Networks in October 2020. The two together will mean that patients will get the same service whether they live in a care home or their own home. It also links to the national 'Ageing Well' programme of work which focuses on improving how we provide care for older people both proactively and reactively.

This work is still in the early planning phase and will need further discussion with commissioners and providers.

C. Longer term: working at scale to improve access

Access to General Practice has improved in terms of number of appointments offered and speed of offering a response, as described above. However delivering good access for patients with finite capacity and increasing demand is one of the big challenges for General Practice.

One of the ways to improve this is to triage people and channel them to the right service or person. Evidence shows that many people who wish to see a GP could have been equally well treated by a nurse or ANP, people seeing a nurse or ANP could have been seen by another health professional, and people seeing a health professional could have cared for themselves had they had the right information and support.

There is also evidence to show that patients can be broadly differentiated into 'hot' patients who need or want on the day care for urgent treatment, or for time limited or minor ailments and 'cold' patients who need care for more complex long term conditions. This first group value rapid access over continuity of care, the second continuity over access.

At a practice level services are already organised like this to some extent. This could be developed at a network level, where we establish 'hot hubs' for on the day care, freeing practices to focus on patients with more complex problems with specialist 'cold hubs' offering support. The hot hubs could co-locate with staff from other organisations and with existing urgent treatment centre facilities in some localities, and could form the base site for the home visiting teams.

Some places are already doing a version of this, including some places in Derbyshire. These plans have not yet been developed county wide and they will need proper discussion with practices and PCNs. However they give a sense of how practices could work at scale to pool capacity, link up services and improve patient experience.

County Overview and Scrutiny Committee

08/03/2021

	Item No:
Report Title	Digital Mental Health Services for children and young people (CYP), parents and carers – engagement / procurement
Author(s)	Will Galloway-Grant – Mental health Commissioning Manager Helen O'Higgins - Head of All Age Mental Health
Presenter	Dave Gardner – Assistant Director MH, LD+A + CYP
Sponsor (Director)	Mick Burrows – Director MH, LD+A + CYP

Paper for:	Decision	Assurance	X	Discussion	Information	X
Recommendations						
<p>The Overview and Scrutiny Committee is requested to note the engagement activity that is being undertaken by NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) for the procurement of a Digital Mental Health offer for CYP, parents and carers.</p>						
Report Summary						
<p>This report is to provide OSC with requested information about digital service development.</p> <p>National prevalence data suggests that approximately 10% of CYP will have a diagnosable mental health condition; this equates to approx. 22,000 children in the DDCCG area. Recently there has been a further increase in demand for provision as a result of the impact of COVID-19, with significant rises in Eating Disorders, self-harm and suicide ideation amongst CYP.</p> <p>To increase accessibility NHS England requires digitally enabled care to be used more widely. In response to this DDCCG commissioned Kooth, a universal digital mental health service for CYP and Qwell, a universal digital mental health service for parents and carers. The services were commissioned on a proof of concept basis up to the 31/12/2021.</p> <p>Key purpose of the current CYPMH Digital services</p> <ul style="list-style-type: none"> • Improve the emotional wellbeing and mental health of CYP, parents and carers by providing an early response to emotional wellbeing and/or emerging mental health needs through low level/targeted/short-term intervention • Target CYP, parents and carers that are hard to reach and do not engage 						

with services through traditional routes

- Provide an online counselling and support service 7 days a week, 365 days a year from 12noon to 10pm Monday to Friday and 6pm to 10pm Saturday and Sunday
- Provide an accessible, safe, secure, moderated website with online community features
- Use recognised assessment tools, and set clear outcomes with people using the service.

Service Evaluation

Kooth activity contributed to 14.2% of our total CYP Mental Health access targets in 2019/20 and since launching, Kooth and Qwell have been logged into over 40,000 times. The majority of logins for both services occurs out of office hours (office hours are 9am – 5pm). Users rate their personal goal achievement out of 10, before and after intervention; in Derbyshire we have seen an average goal movement of 5.5. Feedback from users and primary care is positive and there is widespread support from partners for the continuation of a digital offer in Derbyshire.

As the current services end on 31/12/2021 DDCCG have commenced a procurement exercise to continue offering digital mental health services. As part of the procurement DDCCG are engaging with CYP, parents and carers to ensure that the digital offer continues to meet the needs of the people who will be using it.

Procurement Timeline

- Patient engagement: Feb - March 21
- Draft spec + sign off procurement documentation: Mar - May 21
- Invitation to Tender period: May - June 21
- Tender evaluation period: June - Aug 21
- Contract Award: Sept 21
- Mobilisation: Sept - Dec 21
- Service Starts: Jan 22

Engagement Activity

MH:2K Report 2020 – Citizen Researcher's aged 14-25 years consulted with their peers and identified the need for CYPMH services to be accessible to BAME, LGBT and underrepresented groups. Also identified that in Derbyshire there needs to be a more robust offer below specialist CAMHS which can be accessed easily. MH:2K then facilitated a digital mental health offer workshop with a number of their Citizen Researchers.

The aim of the workshop was to gather feedback on the current digital mental health services, find what other services might be available and understand what a good service could look like. The Citizen Researchers were also asked to review the online Kooth survey; similarly Healthwatch reviewed the Qwell survey, prior to them being launched.

Online survey – On 16/02/2021 DDCCG launched an online survey targeting CYP,

parents and carers across Derbyshire and asking them to provide feedback on the current digital offer. The survey will be open until the 12.03.2021 and has been sent out to CYP, parent and carer related organisations covering Derby and Derbyshire, patient experience organisations such as Healthwatch and will be promoted via DDCCG's social media platforms.

Once the survey has closed and the responses have been analysed the data will be added to the feedback from the MH:2K workshops and be used to inform the design of the digital offer and the service specification.

MH2K have also been asked to select a representative to be part of the procurement panel and provide advice throughout the procurement process.

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