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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 2 July 2021

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 12 July 2021** in the **Council Chamber, County Hall**, Matlock, Derbyshire DE4 3AG; the agenda for which is set out below.

Any member of the press or public who wish to attend this meeting should notify Democratic Services by 12 noon on Friday 9 July 2021, (democratic.services@derbyshire.gov.uk) to allow for COVID-related measures to be put in place.

Yours faithfully

Helen E. Barrington

Helen Barrington
Director of Legal Services

A G E N D A

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 8 March 2021 (Pages 1 - 6)

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. To consider the non-exempt report of the Director of Legal Services to consider the reports from Derby and Derbyshire CCG (Pages 9 - 12)

5 (a) Appendix 2 - Planned Care Update (presentation) (Pages 13 - 26)

5 (b) Appendix 3 - Improving Mental Health Inpatient Facilities (Pages 27 - 32)

5 (c) Appendix 4 - London Road Community Hospital Ward 1 Update (Pages 33 - 36)

5 (d) Appendix 5 - London Road Transformation Project (presentation) (Pages 37 - 50)

6. To consider the non-exempt report of the Director of Legal Services to consider the Healthwatch Derbyshire update and Vaccine Hesitancy (Pages 51 - 54)

6 (a) Overview of work undertaken (oral update)

6 (b) Appendix 2 - Vaccine Uptake Hesitancy (Pages 55 - 62)

7. Committee Work Programme (oral update)

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held remotely on MS Teams on 8 March 2021

PRESENT

Councillor D Taylor (Chairman)

Councillors R Ashton, S Bambrick, S Burfoot, L Grooby and G Musson

Apologies were received from Councillors D Allen, S Blank and A Stevenson

Also in attendance were H Dillistone, D Gardner, E Prokopiuk, M Scouse and C Wright from Derby and Derbyshire Clinical Commissioning Group (CCG)

05/21 **MINUTES** **RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 18 January 2021 be confirmed as a correct record and signed by the Chairman.

06/21 **PUBLIC QUESTIONS** There were no questions from the public.

07/21 **IMPROVING MENTAL HEALTH INPATIENT FACILITIES IN DERBYSHIRE** Claire Wright presented the report and was keen to receive the Committee's views.

In view of the increasing demand for mental health support, a number of conversations were being held around the requirements of the Five Year Forward View will would be implemented locally. The report focused on local inpatient (hospital based) mental health services and on how to improve the local facilities currently available using national funding identified to ensure services provided locally were able to meet current national requirements.

Acute mental health services in Derbyshire were provided by Derbyshire Healthcare NHS Foundation Trust through two units: 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 provided care from old fashioned dormitory style facilities, with approximately four beds within a bay. The estate did not comply with current regulatory and legislative requirements for single, en-suite accommodation and due to the significant level of investment required, these changes could not be funded by the local health care system.

With support from the Clinical Commissioning Group (CCG), the Trust raised the need for national investment with NHS England and Improvement and had received a small level of investment allowing the development of business cases on how to move forward and develop services to meet the requirements. The Trust was also expecting to receive national dormitory

eradication funding to improve the services in Derbyshire. The changes would need to be made at pace to improve privacy and dignity and the overall patient experience.

Focus at national level was on the dormitory provision at both Derbyshire's units. Derby City HOSC had already been briefed and the intention to improve the facilities and would ensure the County HOSC was made aware of any changes to both units. It was understood that the funding allocated for Derbyshire was slightly lower than initially expected, however it was still substantial. Given this, the options would be reviewed to ensure the development could successfully progress within this financial envelope.

There was no Psychiatric Intensive Care Unit (PICU) facility within Derbyshire and patients have needed to travel outside of Derbyshire to access this service, which was not ideal for patients/carers and not in line with national guidance. In addition to the planned development of the two new acute units, Derbyshire Healthcare had committed to separately funding the development of a PICU on the Kingsway Hospital site in Derby.

It was expected that the central funding for the eradication of dormitory accommodation would be utilised before the end of March 2024. The Trust assured the Committee that both HOSC's were aware of possible developments and engagement with stakeholders had taken place. It was intended work alongside current and former patients, their carers and service user representatives to shape developments, making sure any new facilities met their needs and preferences. This was seen as an overwhelmingly positive development that would greatly enhance the acute mental health care currently provided in Derbyshire.

The Committee welcomed the report and were encouraged by the proposals.

RESOLVED – that the report be noted.

08/21 **GENERAL PRACTICE IN DERBYSHIRE – UPDATE** Emma Prokopiuk gave the Committee an update on the primary care response to the COVID 19 pandemic to maintain and deliver key services and then provided details on the opportunities for April 2021 and beyond.

All practices in Derbyshire were open and seeing patients face to face. Following national guidance, GPs had adopted a 'total triage' system, treating patients over the phone or online where appropriate. Appointments had risen since the same time last year and access had improved. Some surgeries temporarily closed due to difficulties ensuring COVID security or the need to rationalise staffing but all were now open and advertising this on websites, in reception and on phone messages alongside CCG and Local Medical Committee (LMC) communications advising patients that their surgeries were

open. The CCG had investigated all patient concerns raised about practices being closed, or refusing face to face appointments; none of these concerns had been upheld.

On the 25th February 2021, 5.7% absence levels were reported which was relatively low compared to other parts of the NHS and social care system and low compared to the height of the first wave (15-20%). None of the 112 Derbyshire practices were currently experiencing outbreaks. Practices had updated their business continuity plans to address this risk and the CCG was working with the GP Task Force to establish a clinical and non-clinical staff bank.

Primary Care Network Clinical Directors had worked with the CCG to establish a RAG rating system to assess pressure on General Practice. This asked 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 was on 'amber' alert (the definition and consequences were detailed in the report).

General Practice had focussed on a number of areas to catch up and restore services and, overall, were on track to deliver all the national targets linked to recovery and restoration. Progress was being monitored in light of the increasing pressure on services from COVID and normal winter demands.

The pandemic had forced a transformation in the way practices and patients use IT to provide virtual, telephone and online service by issuing hundreds of laptops and working away from their surgeries using online consultation tools. Practices were rapidly moving back to face to face contact however there had been some benefits in remote working in terms of improved patient choice and experience, more rapid access and more efficient use of time. It was hoped to make those improvements permanent; the CCG was surveying practices for their views.

The CCG had also been working on consolidating and developing its local commissioning approach and had already delivered the first two phases. The next phase was urgent response in the community and would look at new services to improve care, focusing on those who need support the most, including the intention to establish a service for people who are 'housebound' and cannot get to their practice but need care quickly. This would link to the Directed Enhanced Service for Care Homes started in October 2020 and the national 'Ageing Well' programme of work which focused on improving care for older people both proactively and reactively.

Access to General Practice had improved however delivering good access for patients with finite capacity and increasing demand was a big challenge for General Practice. Triage people was one of the ways to improve this and to channel them to the right service or person.

There was also evidence that showed patients could be broadly differentiated into 'hot' patients who needed on the day and 'cold' patients who needed care for more complex long term conditions. This could be developed at a network level, where 'hot hubs' be established for on the day care and freeing practices to focus on patients with more complex problems with specialist 'cold hubs'. Some places in Derbyshire were already doing a version of this.

Committee members asked questions predominantly around the security of patient data and around the 'hot' and 'cold' hubs.

RESOLVED – that the report be noted.

09/21 PROCUREMENT OF CHILDREN AND YOUNG PEOPLES MENTAL HEALTH DIGITAL SERVICE Dave Gardner presented the report which outlined improvements in mental health services across Derby and Derbyshire and engagement activity undertaken by NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) for the procurement of a Digital Mental Health offer for children and young people, parents and carers.

National prevalence data suggested that approximately 10% of children and young people would have a diagnosable mental health condition; this equated to 22,000 children in the DDCCG area. The impact of COVID-19 had seen an increase in demand with significant rises in Eating Disorders, self-harm and suicide ideation. To increase accessibility, NHS England required digitally enabled care to be used more widely and DDCCG commissioned Kooth, a universal digital mental health service for children and young people and Qwell, a universal digital mental health service for parents and carers, up to the 31/12/2021.

The report detailed the key purpose of the current Service, it showed Kooth and Qwell activity and described the processes of its surveys. Feedback from users and primary care was positive, with widespread support from partners for the continuation of a digital offer and engagement had taken place with all stakeholders.

Members were encouraged by the development of the digital mental health offer for children and young people and their parents and carers, and thanked Dave Gardner for his presentation.

RESOLVED – that the report be noted.

10/21 SOUTH YORKSHIRE AREA JOINT HEALTH SCRUTINY COMMITTEE UPDATE The Improvement and Scrutiny Officer provided the Committee with an update on the South Yorkshire Joint Health Scrutiny Committee which had held a briefing meeting on 22 February to receive information on the Government's Health and Care White paper and its impact

on the local Integrated Care System. On 11 February the Government published its White Paper – "Integration and Innovation: working together to improve health and social care for all."

Members were reminded that ICSs bring together more joined-up working arrangements between health and social care service providers and the White Paper proposes to place Integrated Care Systems (ICS) on a statutory footing and to make a range of structural and other changes at "place" and neighbourhood level. Other key elements of the White Paper included:

- The legal merger of NHS England and NHS Improvement - to be known as NHS England - which would have a single governance structure and be accountable for all aspects of NHS performance, finance and care transformation;
- The Secretary of State for Health & Social Care to direct NHS England (the merged body), and include their intervention in service reconfiguration changes at any point without need for a referral from a local authority;
- New powers for the Department of Health & Social Care to reconfigure and transfer the functions of arm's length bodies (including closing them down) without primary legislation;
- The Secretary of State would have a statutory duty to publish a report in each parliament on workforce planning responsibilities across primary, secondary, community care and sections of the workforce shared between health and social care;
- CCGs would be dissolved and their roles in procurement and finance would become the responsibility of the ICS – with Health and Care Partnerships of NHS, LA Social Care and Public Health being established to plan services;
- Accountability systems at a local level to be reduced. Significant power and responsibility would rest at system level – the level at which ICSs would operate. In Derbyshire the ICS was coterminous with county boundaries, but it could raise border challenges, in how accountability was conducted in respect of services in Sheffield and Greater Manchester or across the East Midlands region, for example; and
- ICSs and Health & Care Partnerships would develop plans for future services. These plans would involve wide consultation and public participation and local Health Scrutiny would provide a mechanism to facilitate this participation.

The Centre for Governance and Scrutiny (CfGS) was pressing for Health Scrutiny to be given a formal role in supporting the way services were specified. Potential removal of the power and responsibility of Health Scrutiny Committees to make referrals to the Secretary of State – and giving this power to the Secretary of State direct – could weaken local knowledge and accountability. The CfGS was in active conversation about

this with colleagues at NHSE&I and DHSC and it was hoped that there would be a shift in approach between now and when the Bill was published in May. The CfGS would welcome direct feedback from councils about their views on this.

RESOLVED that (1) the report be noted and;

(2) Members submit any comments they wish to make to the Improvement and Scrutiny officer who would collate them into a formal letter to the CfGS from the Committee Chairman.

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.

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

Improvement and Scrutiny Committee - Health

12 July 2021

Report of the Director of Legal Services

Derby and Derbyshire CCG reports on Planned Care Update; Improving Mental Health Inpatient Facilities; London Road Community Hospital Ward 1; London Road Transformation Project

1. Divisions Affected

1.1 County wide

2. Purpose

2.1 The purpose of this report is to enable the Committee to consider the following reports from Derby & Derbyshire CCG;

- Planned Care Update - as detailed in the appendix 2
- Improving Mental Health Inpatient Facilities – as detailed in appendix 3
- London Road Community Hospital Ward 1 – as detailed in appendix 4
- London Road Transformation Project – as detailed in appendix 5

2.2 The Committee is asked to respond to the recommendations of the appended reports from the Derby & Derbyshire CCG.

3. Information and Analysis

3.1 All information is detailed in the appended reports.

4. Consultation

4.1 Details of consultation undertaken, or proposed, by the NHS Commissioners and/or service providers are detailed in the appended report.

5. Alternative Options Considered

5.1 There are no alternative options directly arising from this report.

6. Implications

6.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

7. Background Papers

7.1 Reports submitted by the Derby & Derbyshire CCG and documents held by the office of the CEO of the Derby & Derbyshire CCG.

8. Appendices

8.1 Appendix 1- Implications.
8.2 Appendix 2 – (Planned Care Update)
8.3 Appendix 3 – (Improvement to Mental Health Inpatient Facilities)
8.4 Appendix 4 – (London Road Community Hospital Ward 1)
8.5 Appendix 5 – (London Road Transformation Project)

9. Recommendation(s)

9.1 That the Committee:

a) Considers and discuss the reports at appendices 2, 3, 4 and 5;
b) Provides a response to the Derby & Derbyshire CCG

10. Reasons for Recommendation(s)

10.1 The Committee has a statutory responsibility for scrutinising external health care organisations and internal projects within their work remit and to consider changes to service provision in order to improve health services for Derbyshire residents.

11. Is it necessary to waive the call-in period?

11.1 No

Report Author:

Jackie Wardle – Improvement & Scrutiny Officer
Contact details: jackie.wardle@derbyshire.gov.uk

Appendix 1

Implications

a) Financial

None directly arising from this report

b) Legal

None directly arising from this report

c) Human Resources

None directly arising from this report

d) Equalities Impact

n/a

e) Corporate objectives and priorities for change

None directly arising from this report

Other

None directly arising from this report

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Joined Up Care
Derbyshire

Planned Care Update

Adults & Health Scrutiny Board 12th July 2021

Sharon Martin

Executive Chief Operating Officer

University Hospitals of Derby & Burton NHS Foundation Trust

Joined Up Care
Derbyshire

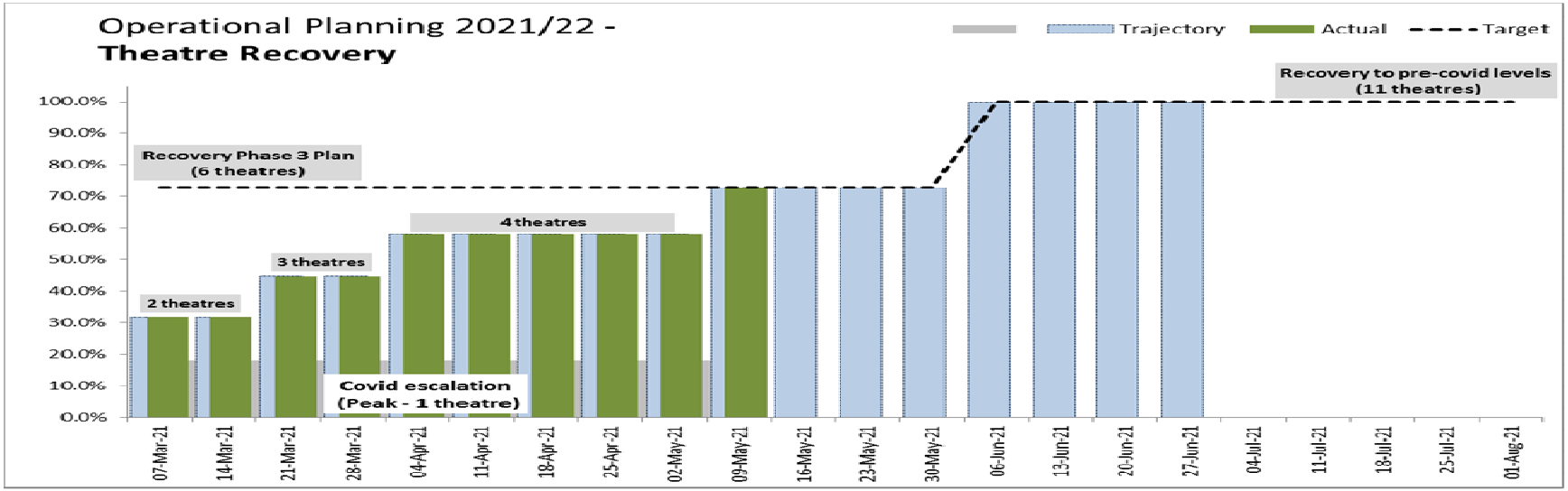
Planned care restoration & recovery update

- Supporting the recovery of our workforce remains our top priority, given the importance of their health and wellbeing and the impact this has on our ability to deliver our restoration and recovery plans.
- We continue to consistently operate processes both to clinically prioritise treating our patients and for reviewing patients and managing harm.
- We continue to maximise the use of our NHS and independent sector capacity to recover as quickly as possible.

Confidential

Joined Up Care Derbyshire

Recovery Plan - CRH

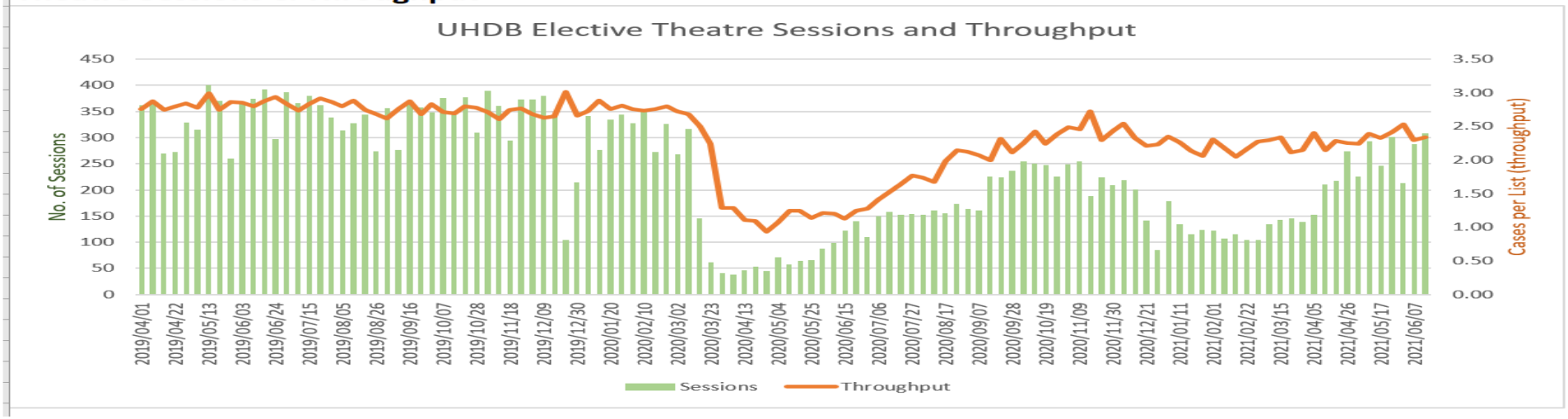


- CRH opened a further 2 theatres in May returning to Phase 3 recovery levels – 6 theatres.
- Recovery to pre-Covid levels for June returning back to 11 Theatres although impacted upon by staff sickness
- Medicine Division will continue with improvement work on ALoS and SDEC capacity to allow a ward to be allocated to Surgery from June to October to support recovery.
- CRH theatre capacity aims to recover to pre-Covid levels by end June 2021, if the level of Covid ICU is held at 4 beds. CRH experienced a higher covid ICU conversion – an average of 25% -30% in the last peak of Covid (region less than 20%), if this trend continued in a 3rd peak this would impact on elective capacity as staff (now trained) would be reallocated to support the surge resulting in fewer theatres being open.
- To date Covid ICU numbers remain below 4, it is anticipated that during the next few weeks recovery towards the phase 3 levels of activity is achievable.

Joined Up Care Derbyshire

Recovery Plan - UHDB

Theatre Sessions & Throughput

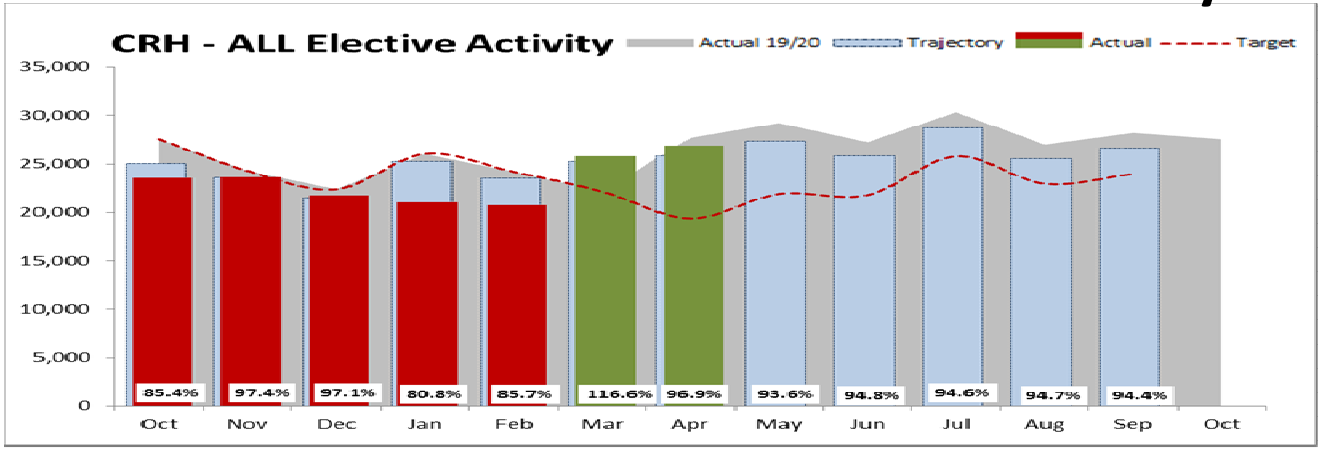


- UHDB covers the population of SE Staffordshire through Queens Hospital in Burton and the 2 Community sites at Tamworth and Lichfield, and the Derbyshire population from the Royal Derby site and Community Hospitals. RDH also operates a number of services at a regional level (bariatrics, Oral Maxillofacial surgery) and attracts referrals from out of area for services such as Hand Surgery.
- UHDB theatre sessions aims to recover to pre-Covid levels 5th July 2021, if the level of ICU is held at 6 beds. Urology DC is due to be re-instated by the end of June which will improve DC activity levels at RDH.
- Theatre staff have been targeted at supporting clinical priorities (P2 and P3) in Q1.
- Some areas have previously utilised weekend lists as part of their core capacity (particularly in Orthopaedics). It is very difficult to re-instate weekend lists currently due to lack of theatre staff and the need to allow staff to recover.

Current Plan

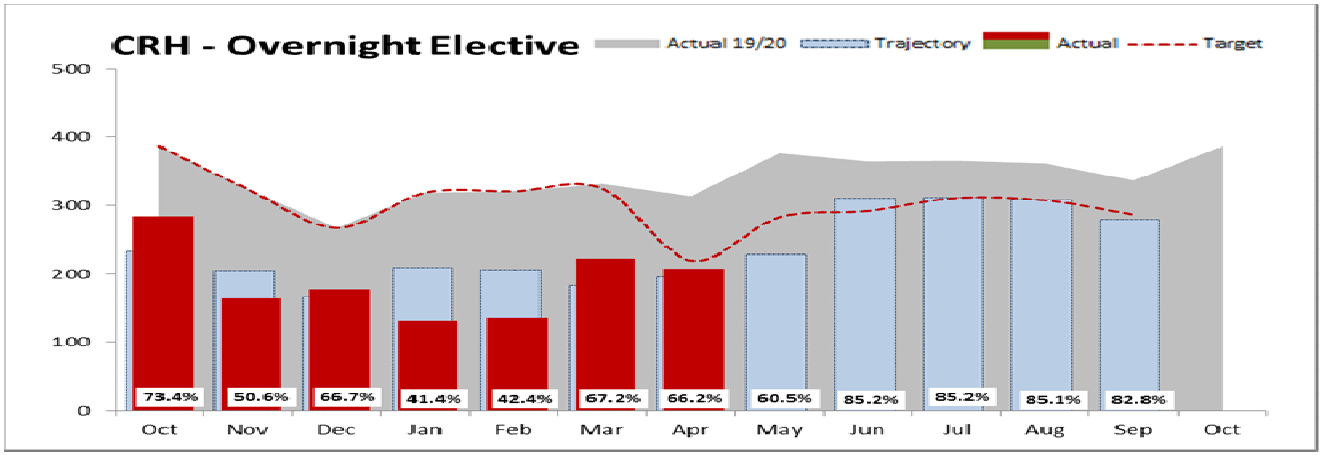
CRH Elective Recovery

Joined Up Care Derbyshire



ALL ELECTIVE	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	85.0%	85.0%	85.0%
Trajectory	93.3%	94.0%	94.9%	94.7%	94.7%	94.5%
Actual (vs Trajectory)	**96.9%**					
Variance (Actual vs Target)	26.9%					

All Elective Care Activity position is **26.9% above target**, this is 3.6% above the trajectory set for April 2021



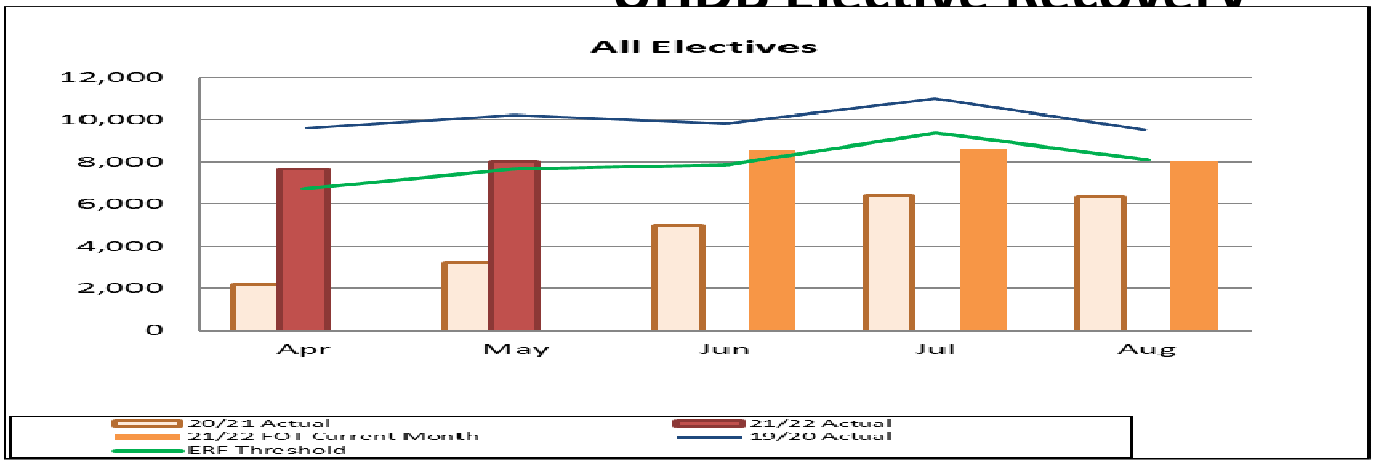
OVERNIGHT ELECTIVE	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	85.0%	85.0%	85.0%
Trajectory	62.4%	60.5%	85.2%	85.2%	85.1%	82.8%
Actual (vs Trajectory)	**66.2%**					
Variance (Actual vs Target)	-3.8%					

Elective position is 3.8% below target and 4.2% above the trajectory for April 2021

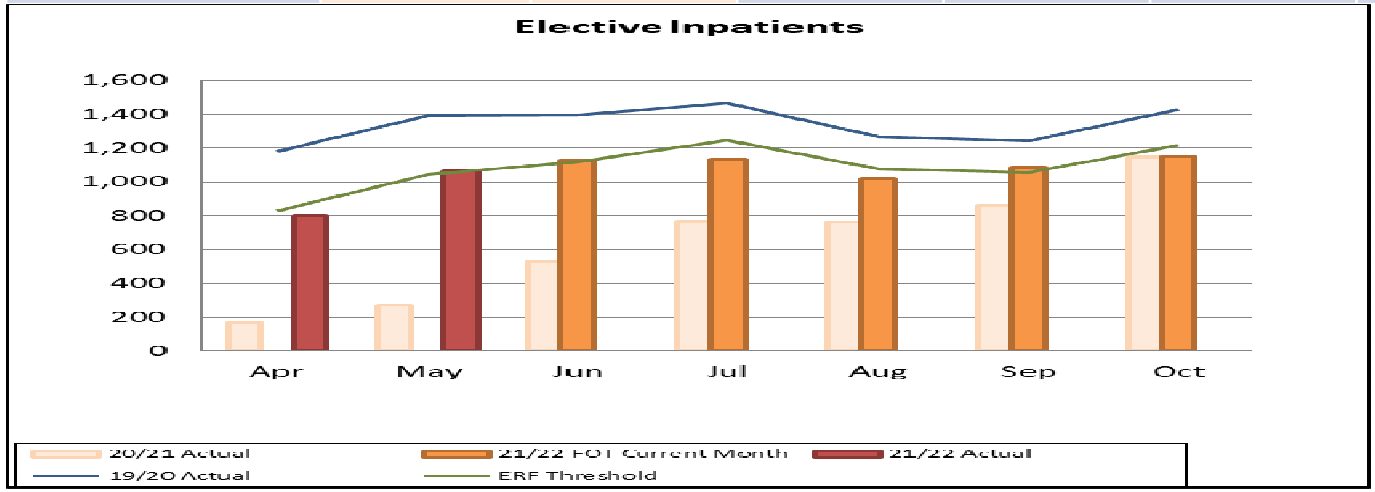
Current Plan

Joined Up Care Derbyshire

UHDB Elective Recovery



All Elective	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	85%	85%	85%
Trajectory	75%	75%	88%	78%	85%	86%
Actual	80%	79%				

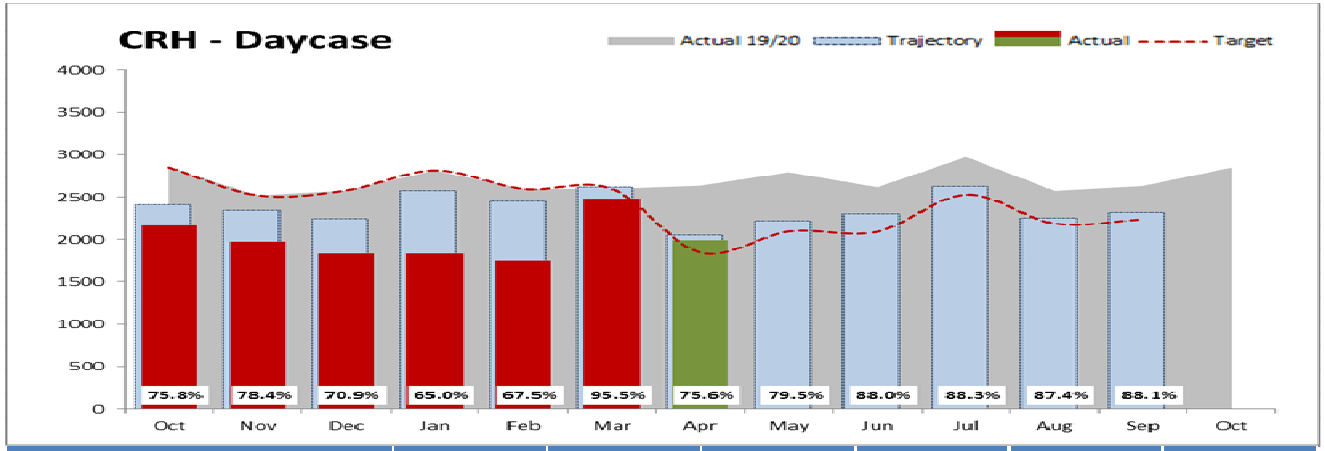


Elective IP	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	85%	85%	85%
Trajectory	68%	69%	81%	77%	80%	87%
Actual	68%	76%				

Current Plan

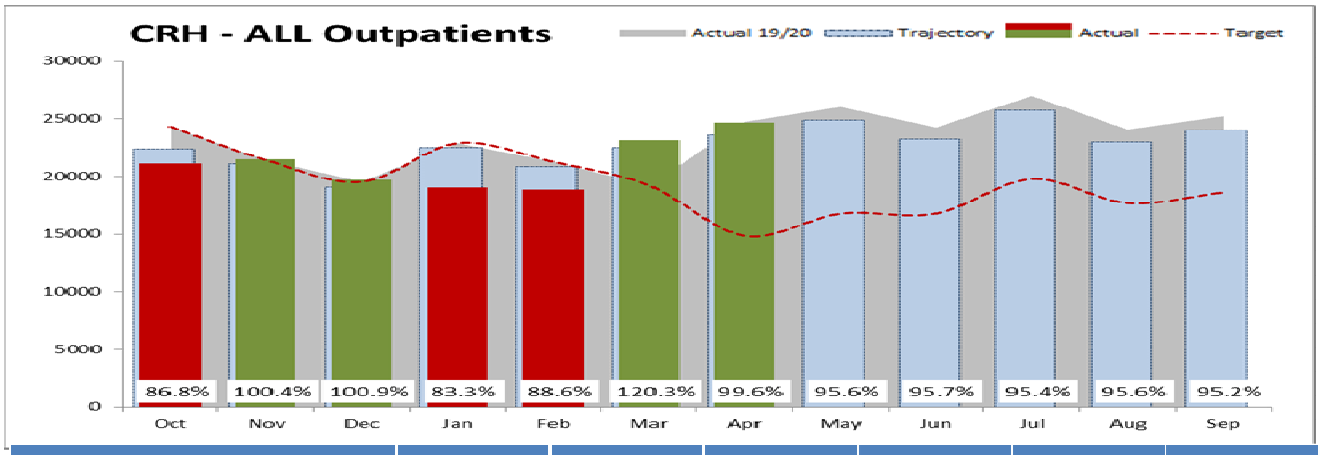
CRH Elective Recovery

Joined Up Care Derbyshire



Daycase position is 5.6% above target and 2.4% below the trajectory for April 2021

DAYCASE ELECTIVE	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	85.0%	85.0%	85.0%
Trajectory	78.0%	79.5%	88.0%	88.3%	87.4%	88.1%
Actual (vs Trajectory)	**75.6%**					
Variance (Actual vs Target)	5.6%					



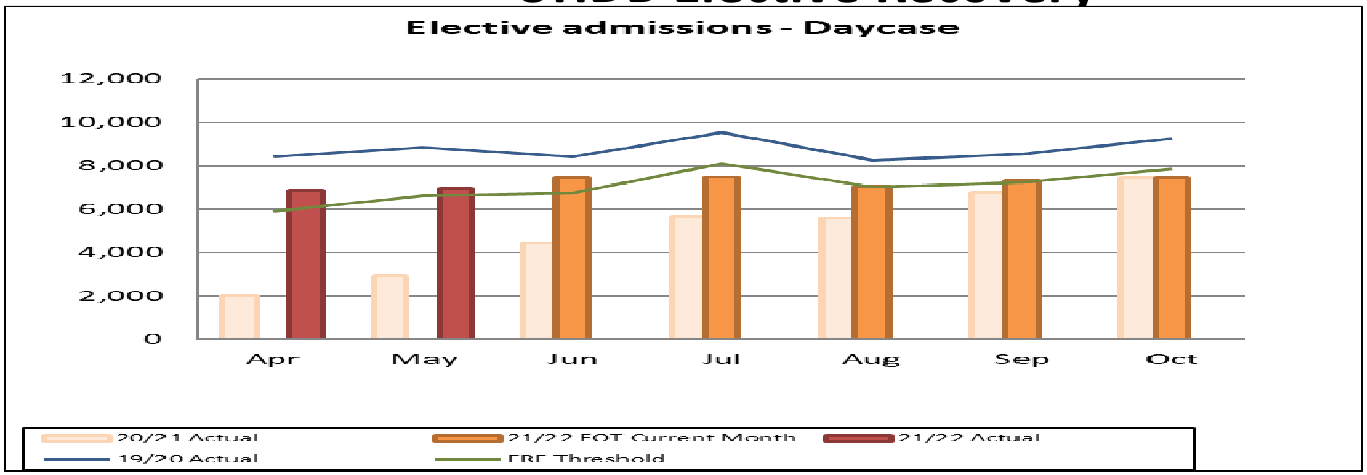
All Outpatient position is 29.6% above target and 4.3% above the trajectory for April 2021

ALL OUTPATIENTS	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	85.0%	85.0%	85.0%
Trajectory	95.3%	95.6%	95.7%	95.4%	95.6%	95.2%
Actual (vs Trajectory)	**99.6%**					
Variance (Actual vs Target)	29.6%					

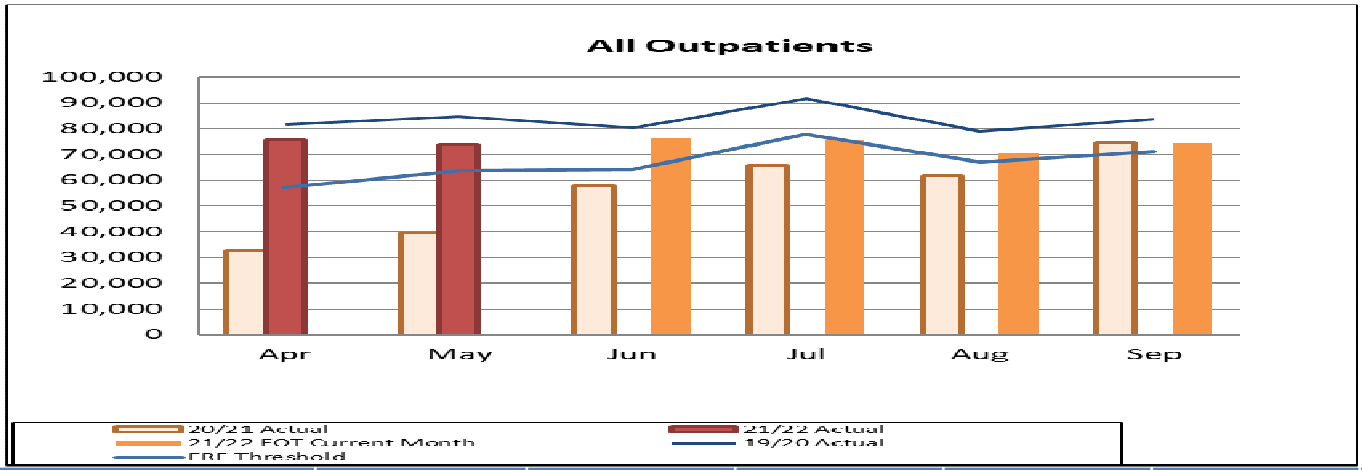
Current Plan

UHDB Elective Recovery

Joined Up Care Derbyshire



Elective DC	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	85%	85%	85%
Trajectory	76%	76%	89%	78%	85%	86%
Actual	81%	79%				



Elective DC	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	85%	85%	85%
Trajectory	89%	81%	95%	83%	89%	89%
Actual	93%	87%				

WAITING LIST REPORT

The average waiting time for **New Patients** in 2020 was **18.5 Weeks; Follow-up** patients **37.3 Weeks**; and patients waiting for **Elective Surgery** was **9 Weeks**.

The highest number of waiters for New patients was in Ophthalmology; Follow-up patients Ophthalmology; and for Elective Surgery - Orthopaedics.

Joined Up Care Derbyshire

THEN *Pre-COVID*

Number of patients on the waiting list in: ***February 2020***

12,031 New

73,771 Follow-up

3,272 Inpatient/Daycase

Top 5 specialties for each waiting list in: ***February 2020***

Speciality	New Patients Waiting
Ophthalmology	1011
Ear Nose & Throat	970
Dermatology	871
Colorectal Surgery	680
Cardiology	677

Speciality	Follow up Patients Waiting
Ophthalmology	9691
Urology	4912
Dermatology	4823
Gynaecology	3844
Ear Nose & Throat	3586

Specialty	Inpatients waiting
Trauma & Orthopaedics	211
Gynaecology	111
General Surgery	93
Urology	60
Ear Nose & Throat	48

Specialty	Daycase waiting
Gastroenterology	430
Ophthalmology	414
Trauma & Orthopaedics	337
General Surgery	290
Dermatology	230

WAITING LIST REPORT

The average waiting time for **New Patients** in 2021 is **11.8 Weeks**; **Follow-up** patients **39.4 Weeks**; and patients waiting for **Elective Surgery** is **26 Weeks.**

The highest number of waiters for New patients is in Ophthalmology; Follow-up patients Ophthalmology; and for Elective Surgery Orthopaedics.

Joined Up Care Derbyshire

NOW *Post-COVID*

Number of patients on the waiting list in: ***May 2021***

11,870 New

89,665 Follow-up

4,849 Inpatient/Daycase

Top 5 specialties for each waiting list in: ***May 2021***

Speciality	New Patients Waiting
Ophthalmology	1132
Dermatology	820
Colorectal Surgery	736
Ear Nose & Throat	626
Gastroenterology	591

Speciality	Follow up Patients Waiting
Ophthalmology	10961
Dermatology	6145
Urology	5879
Gynaecology	5034
Orthopaedics	3977

Specialty	Inpatients waiting
Trauma & Orthopaedics	548
Gynaecology	189
General Surgery	188
Ear Nose & Throat	97
Urology	73

Specialty	Daycases waiting
Trauma & Orthopaedics	732
Gastroenterology	700
General Surgery	607
Ear Nose & Throat	341
Gynaecology	331

WAITING LIST REPORT

The average waiting time for **New Patients** in 2020 was **12 Weeks;** and patients waiting for **Elective Surgery** was **15 Weeks**.

The highest number of waiters for New patients was in Ophthalmology; Follow-up patients Ophthalmology; and for Elective Surgery - Orthopaedics.

Joined Up Care Derbyshire

THEN *Pre-COVID*

Number of patients on the waiting list in: ***February 2020***

39,465 New

164,297 Follow-up

15,368 Inpatient/Daycase

Top 5 specialties for each waiting list in: ***February 2020***

Specialty	Avg Wait	New Patients Waiting
Ophthalmology	12	4629
Dermatology	12	2916
ENT	7	2912
Cardiology	11	1850
Gynaecology	6	1798

Specialty	Follow Up Patients Waiting
Ophthalmology	24,205
Trauma and Orthopaedics	16,012
Rheumatology	11,680
Cardiology	11,326
Urology	8,117

Specialty	Avg_Wait	Inpatients Waiting
Trauma and Orthopaedics	19	2150
Spinal Surgery Service	18	323
General Surgery	18	292
Upper Gastrointestinal Surgery	24	228
Gynaecology	14	204

Specilaty	Avg_Wait	Daycases Waiting
Ophthalmology	15	2178
Trauma and Orthopaedics	15	1489
General Surgery	13	1295
Gastroenterology	6	814
Spinal Surgery Service	17	738

WAITING LIST REPORT

The average waiting time for **New Patients** in 2021 is **21 Weeks** and patients waiting for **Elective Surgery** is **38 Weeks.**

The highest number of waiters for New patients is in Ophthalmology; Follow-up patients Ophthalmology; and for Elective Surgery Orthopaedics.

Joined Up Care Derbyshire

NOW *Post-COVID*

Number of patients on the waiting list in: ***May 2021***

41,742 New

174,087 Follow-up

20,689 Inpatient/Daycase

Top 5 specialties for each waiting list in: ***May 2021***

Treatment_Function	Avg Wait	New Patients Waiting
Ophthalmology	24	6825
ENT	22	3325
Dermatology	16	2469
Gynaecology	14	2282
Trauma and Orthopaedics	14	1963

Specialty	Follow Up Patients Waiting
Ophthalmology	30,994
Trauma and Orthopaedics	15,443
Rheumatology	13,240
Cardiology	10,044
Urology	8,253

Specialty	Avg_Wait	Inpatients Waiting
Trauma and Orthopaedics	45	2525
General Surgery	43	623
Upper Gastrointestinal Surgery	49	423
Spinal Surgery Service	46	387
Urology	33	353

Specialty	Avg_Wait	Daycases Waiting
Ophthalmology	34	2515
Trauma and Orthopaedics	40	2310
General Surgery	38	1531
Hand Surgery	36	1284
Spinal Surgery Service	47	926

Summary

Joined Up Care Derbyshire

- Our plans remain on track for the surgical backlogs of priority 2 patients (those requiring surgery within one month) to be restored to normal levels by the end of the month.

- We have established plans to recover surgical backlogs for priority 3 patients (those requiring surgery within three months) to be restored to normal levels by the end of September 2021

- We are maintaining ongoing clinical review of all patients on the waiting list over three months to review priority and identify any deterioration

- We are maintaining detailed speciality level recovery plans for our services and working collaboratively to equalise waiting lists and maximise use of available capacity across the system

- We continue to focus on management of referrals which will support us in recovering the backlog, for example use of “Advice & Guidance”

Joined Up Care
Derbyshire

Thank you

Improving mental health inpatient facilities in Derbyshire

In March 2021 we met to engage in early conversations about changes to local inpatient (hospital based) mental health services. We discussed our collective plans to improve the local facilities we currently have available, through national funding that had been identified to ensure that the services provided locally are able to meet national requirements

These developments continue to be an exciting opportunity to transform the facilities we currently have available in the county, bringing local mental health inpatient services in line with national expectations and the services that are already provided across most other areas in the UK.

Since the meeting in March 2021 we have received confirmation of the level of investment being allocated to Derbyshire to make these improvements. £80m has been identified, to be split equally between a development in Chesterfield and another in Derby, for which we have to seek national approval.

We have also received confirmation that the new facility for people of North Derbyshire can be provided from the Chesterfield Royal Hospital site, where the current facilities are located.

This paper outlines the updated plans, which have now received initial support from NHS England and Improvement. At a national level the expectation is 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. It is therefore important that we continue to work at pace to implement the changes required and gain approval to access the funds whilst they are available.

A recap on the case for change

Acute mental health services in Derby and Derbyshire are provided by Derbyshire Healthcare NHS Foundation Trust. At present the Trust has two acute inpatient services for adults of working age: 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 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. In their visits to the Trust the CQC (Care Quality Commission) has also given the Trust actions to improve its estate. Given the significant level of investment required, these changes cannot be funded by the local health care system. Therefore this substantial national investment must be taken forwards to ensure national requirements are met across our services in Derbyshire.

National policy outlines the following 'must do' improvements:

- Mental health wards should be built to consist of single rooms, each with an en-suite bathroom where possible
- No one should need to travel outside of their local area to receive acute mental health care.

Derby and Derbyshire is one of a very small number of local areas who cannot currently meet the national requirements outlined above – hence the need for national investment was identified with NHS England and Improvement.

Current inpatient mental health services in Derby and Derbyshire

The Hartington Unit in Chesterfield currently offers 52 acute mental health inpatient beds for adults of working age. Similarly the Radbourne Unit in Derby comprises 90 acute inpatient beds across four 20 bedded wards for men and women.

There is also a 10 bed Enhanced Care Ward (ECW) at the Radbourne Unit, which provides a slightly higher level of clinical support for patients living across Derbyshire. This is necessary as there is no Psychiatric Intensive Care Unit (PICU) in the county, to support local people with the most acute mental health needs.

Both facilities support people from Derby and Derbyshire, based on their proximity to the nearest unit, alongside availability of a suitable vacant bed.

Over recent years the Trust has sought professional external advice about whether the current facilities at the Hartington and Radbourne Units can be redeveloped in order to meet national requirements. The conclusion is that it is not possible to re-provide all of the beds needed in single bedrooms with access to en-suite bathrooms in the existing sites, as this would require significantly larger premises than those available at the current two Units.

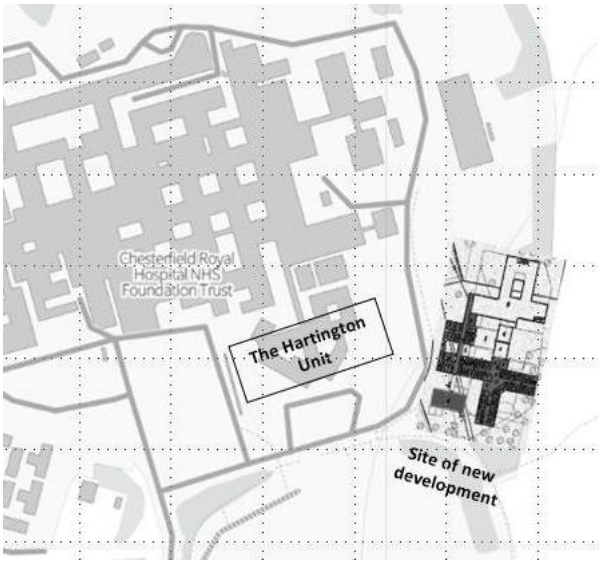
With the current arrangements, people who need a greater level of support than can be offered at the Hartington or Radbourne Unit have to travel outside of the area to access an appropriate PICU bed. Whilst every effort is made to identify a place as close to home as possible, given the demand for these places, people can sometime have to travel a substantial distance. This is clearly not ideal for the patient or the important contact and support that can often be found in regular interaction and visits from family and friends.

Future plans

Development at the Chesterfield Royal Hospital site

- A new 54 bedded facility with single rooms, across three wards, with flexibility to support men, women and non-binary patients on the Chesterfield Royal Hospital site (this will replace the Hartington Unit, currently based on the same site).

  A location on the hospital site has been identified for the new development, which is very close to the current Hartington Unit, as indicated.



Development at Kingsway Hospital

- A new 54 bedded male facility, across three wards.

In addition to seeking support for the national funding for these two schemes, the Trust will also be seeking support from the Joined Up Care Derbyshire system for local capital funding for:

Development at the Radbourne Unit (on the Royal Derby Hospital site)

- Refurbishment of the existing Radbourne Unit in Derby to provide 34 female single rooms, across two wards, and complete eradication of dormitory wards.

Development at Kingsway Hospital

- Up to eight new beds in an 'acute plus' facility for women
- A new PICU (Psychiatric Intensive Care Unit) for 14 men.

No beds would be lost in this development. It is an overwhelmingly positive move, to ensure local people have access to the best possible facilities. This development would meet national legislative requirements and provide purpose-built facilities for local people, improving privacy and dignity and the overall patient experience.

In terms of bed numbers, the remodelling offers the following:

	Current adult acute beds	**New adult acute beds**	**Total beds**
Derby	90	88	142
Chesterfield	52	54	
	Current 'acute plus' beds	**New acute plus beds**	
Derby	0	8	8
Chesterfield	0	0	
	Current PICU beds	**New PICU beds**	
Derby	0	14	14
Chesterfield	0	0	

It is anticipated that the units in Derby and Chesterfield will continue to work collaboratively to support patients from the north and south of the county to ensure access to the closest and most appropriate facility for their individual needs.

There are currently 12 beds for older adults with functional mental health needs based on Pleasley Ward at the Hartington Unit. We know that best practice guidance indicates that adults and older adults should not be supported through shared facilities and we are therefore planning to take this opportunity to provide bespoke services for adults and older adults.

We are committed to retaining the 12 older adult beds in Chesterfield and are currently in the initial stages of discussing potential future locations for this service with wider NHS colleagues in the local area. Further scoping needs to be undertaken before we can confirm any potential opportunity and we would like to discuss this further in a future meeting of the Adults and Health Scrutiny Board, when this detail becomes available.

Audrey House (a ten bed rehabilitation facility at Kingsway Hospital) is likely to be used as an interim decant facility to facilitate the rest of the programme. Audrey House is not currently being used for clinical purposes due to less beds being needed to meet the demand for inpatient rehabilitation services. It is also a potential site for the new female 'acute plus' facility, offering up to eight beds.

Further scoping needs to be undertaken before we can confirm this potential opportunity and we would also like to discuss this further in a future meeting of the Adults and Health Scrutiny Board, when this detail becomes available.

Our ongoing engagement approach

As discussed when we met in March, we need to move at speed to make sure we do not lose this positive opportunity for local people. The provision of central funding is linked to expenditure spend by Spring 2024 – making it very tight to achieve such a development within this time period. Now we have confirmation of the funding allocation we need to continue to implement the plans we have in place to develop these new services within the necessary timescales.

This is an overwhelmingly positive development which will greatly enhance the acute mental health care currently providing in Derby and Derbyshire. There is no change in service scope and there will be no loss of service – instead, local people will benefit from additional mental health service being offered locally and through modern, fit for purpose accommodation. The travel sensitivity has also been addressed by the closeness of the new facility to the existing Hartington Unit – within a short walk, on the same hospital site.

We have continued to engage with our service user forum, EQUAL in respect of the development, to ensure it is shaped by people with lived experience of mental health services. Recently we have held a dedicated session where the architectural plans have been shared with service users, carers and wider partners, to further discuss and shape the development

We intend to continue to work alongside current and former patients, their carers' and service user representatives to shape the development, making sure the new facilities being developed meet their needs and preferences.

As discussed in March, we appreciate the Adults and Health Scrutiny Board support for these ambitious plans and the proposed programme of engagement which will run alongside the development, in place of an initial single option public consultation. We are confident this will be increasingly meaningful for people who use our services now and in the future.

We shall also engage with wider internal and external stakeholders, including an opportunity for members of the public and wider interested parties to share their views through a survey which will be open later this summer. We are also committed to ongoing liaison with the Adults and Health Scrutiny Board throughout this process.

Example images show what our new facilities could look like

Similar mental health developments have taken place in other parts of the country and we have sought advice on how these units have been developed.

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London Road Community Hospital – Ward 1

Summary

The Health Scrutiny Committee is asked to support the temporary changes to the services provided at Ward 1, London Road Community Hospital (LRCH), which will see the ward's current mental health inpatient services move to the Kingsway Hospital site so that the ward can accommodate urgently needed cancer and Lymphoedema services.

About Ward 1

Ward 1 at London Road Community Hospital in Derby is an 18-bedded inpatient ward which has the ability to increase to 20 beds when necessary. It is currently operating with 17 beds in order to adhere to 'COVID secure' guidelines. The ward has gender-specific sleeping areas with a mix of single and shared rooms, which all have en-suite facilities.

At present, Ward 1 is leased by University Hospitals Derby and Burton NHS Foundation Trust (UHDB) to Derbyshire Healthcare NHS Foundation Trust (DHcFT) so that DHcFT can provide inpatient services for older people with mental health conditions such as depression, anxiety and psychosis.

Reason for the interim change

UHDB has written to DHcFT to formally request the capacity at Ward 1 on the London Road Community Hospital site on an interim basis.

This is as a result of UHDB's recovery and restoration programme following the COVID-19 pandemic. 'COVID secure' requirements mean that temporary changes are needed in terms of how healthcare providers use their estate. Ward 1 will be used for the recovery of UHDB's cancer service along with other outpatient activity.

Given the additional space required for clinical services as a result of the social distancing measures required under the pandemic, plus a growth in waiting lists, UHDB are hoping to use the ward as soon as possible. Lymphoedema vacated their clinical space at Royal Derby Hospital more than a year ago and have been providing almost 100% of their appointments virtually since. The space that the team vacated was used to relocate Combined Treatment and Assessment Unit (Cancer Admissions Unit) off a ward to enable COVID safe pathways for, often immunocompromised haematology and oncology patients, and in order to expand the bed base on the wards.

Whilst the Lymphoedema team have worked hard to manage the risk, clinical safety and outcomes through virtual consultations, there is a clear need to see some patients face to face in order to measure the deterioration of the patient's condition, train patients in the correct application of compression garments and in order to avoid admission of acutely unwell patients. The team estimate that there are around 25-30 patients that are particularly

urgent and are at risk of needing admission. The community location of LRCH Ward 1 would be perfect to allow UHDB to safely bring the priority patients back into clinic, whilst continuing with the virtual clinics for the patients that do not need to attend in person. The alternative will require UHDB to move the CTAU back to the ward, into suboptimal estate and reduce our cancer bed base in the process.

Impact on the current mental health services provided at Ward 1

DHcFT continues to have a vacant facility at the Kingsway Hospital in Derby, where the older people's mental health service can be relocated to at relatively short notice. This facility is Tissington House, an 18-bed modern facility which was formerly one of two inpatient units on the Kingsway Hospital site for older people with acute dementia needs; it is currently vacant following a reduction in demand for specialist dementia inpatient care thanks to the introduction of community services such as the Dementia Rapid Response Teams.

Tissington House will offer a calmer, more specialised healthcare environment for patients currently cared for at Ward 1. By moving to the Kingsway Hospital site, the service will be co-located with other inpatient mental health services including the specialist inpatient dementia unit, Cubley Court, which continues to operate on the site. 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.

Longer term plans for Ward 1 and Ward 2 at LRCH

Before the COVID-19 pandemic, a plan for a consultation on the relocation of older people's mental health services from London Road Community Hospital to Kingsway Hospital was developed. Initially these mental health services were provided from two wards at LRCH, Ward 1 and Ward 2. However, the introduction of an older people's mental health in-reach and home treatment service, to support a greater number of older people within their home environment, resulted in a reduction in bed demand and Ward 2 was temporarily closed in 2017 and subsequently refitted by UHDB to expand its services in the interim.

The planned consultation on the relocation of older people's mental health services was due to commence in March 2020 and local health scrutiny committees had agreed to a 60-day consultation due to the streamlined stakeholder group affected by this change. The consultation process unfortunately was paused due to the restrictions that came into effect with COVID-19 later that month.

Tissington House is the unit that had been identified as the location for the service in the previous planned consultation.

Therefore at the same time as supporting this temporary move, we are also making plans to progress again the 60-day consultation to permanently transfer the Ward 1 patients to Tissington House, in line with our previous plans. These plans will be brought back to the Review Board in due course once the approach has been refreshed.

Liaison with Scrutiny and next steps

We ask the Adults and Health Scrutiny Review Board to recognise that this temporary move needs to be taken quickly, in order to support the prompt restoration of important cancer services. The joint planned date for the move is currently **16 June 2021**.

We will develop communications materials to help inform patients of the change.

The Board is also asked to note the longer-term plans for a 60-day consultation to permanently transfer the Ward 1 service to Tissington House at the Kingsway Hospital site. These plans will be brought back to the Review Board in due course.

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London Road Community Hospital Wards 4/5/6 – Update and Next Steps

Derbyshire County Adult & Health Scrutiny Board

July 2021

Purpose of the Meeting

- Overview of London Road Community Hospital - wards 4, 5 & 6
- National Discharge to Assess Definitions
- Covid impact
- Alternative Provision and Overview of Transformation
- To inform the City Adult and Health Scrutiny Board of our intentions to start fine-tuning the process of a more permanent solution
- To ask the Board for their views on how we should engage with people on the transformation of London Rd Community Hospital wards 4,5 and 6?
- Any Questions

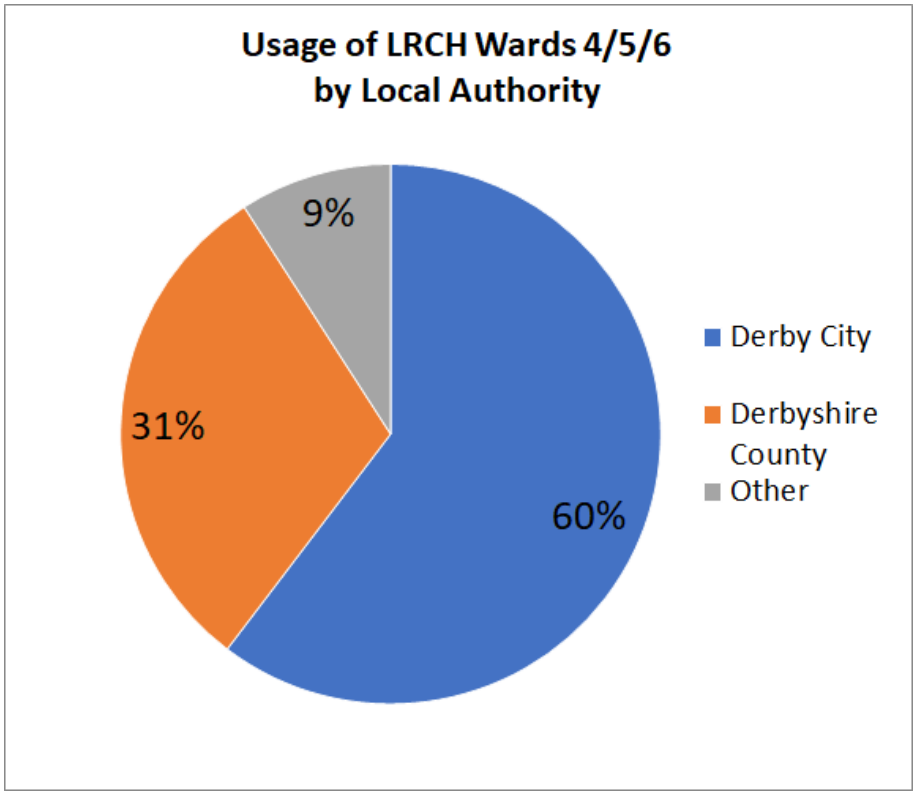
London Road Community Hospital Wards 4/5/6

Overview

- Wards 4/5 & 6 provided short term, rehabilitation nursing beds

LRCH Capacity

Ward 4	30 beds	**Ward 5**	23 beds (flex 28)	**Ward 6**	18 beds



Derbyshire County use of LRCH Capacity

- In the year 2019/20 (just prior to the temporary closure of the beds), an average of 31% of the capacity was utilised by residents of Derbyshire County – this amounts to an average of 22 beds per night
- The majority of the capacity on Wards 4/5/6 was utilised by Derby City residents, averaging 43 beds per night
- Wards 4/5/6 also served patients from outside of Derby and Derbyshire, these accounted for an average of 6 beds per night

National Discharge To Assess Definitions

The out of hospital community provision in Derbyshire is categorised in line with the following national framework:

Pre Covid-19 Pandemic

Independent Reviews of people's needs

Independent Review in 18/19

In the South of the county the proportion of provision of Pathway 3/2/1 was not in line with national or locally agreed optimal complex care provision.

Not enough people were being discharged home – too many people were remaining in a hospital bed

Clinical Audits in 2019/20

Conclusions proposed that streamlining or relocating assessment and discharge planning to more appropriate settings that better matched the intended discharge destination could reduce unnecessary days within a bed and could reduce any unintended harm caused by extending patients stay in hospital.

Audit proposed that 79% of patients (48 of 56) did not need to be in a P2b bed

Covid-19 Pandemic Impact

Changes to services – Wards 4/5/6 (temporary closure)

- **During March 2020, following the outbreak of Covid19, NHSE/I published the document "COVID-19 Hospital Discharge Service Requirements".**
- This included agreement for Continuing Healthcare (CHC) funding processes to be simplified and fully funded by NHSE/I**.**
- **RDH focussed on discharging patients from Wards 4, 5 and 6 in order to enable these wards to be repurposed for supporting the Covid19 response – for instance to be used for palliative care or sub-acute Covid19 capacity.**
- As a result, Wards 4 and 6 discharged all patients on 30th March and the majority of patients were discharged from Ward 5 which then remained open to support a small number of patients until 6th April.
- **Across the 3 wards a total of 52 patients were discharged**.

- **Most common condition - frail elderly people with delirium or dementia**

- **National discharge principles changed – Clear evidence that discharging people home delivered the best outcome for patients**

Service developments / Alternative to LRCH

Derby City Enhanced P1 service (Delirium Pathway)

The Service

- Urgent 2 hour Home First response
- Planned response to non-urgent to prevent escalation
- Full team will take up to 12 customers over 14 days
- Up to 7 calls per 24 hour period – 6 hours contact time
- Incorporated into D2A Pathway 1
- Access with D2A referral to IDH/H2H Team

Soft launch from 15/03/21

- New staff team recruited
- Enhanced induction & training
- Adapted MDT's to include mental health support
- Escalation Planning with GP's
- Operational processes established

Criteria

- Clinical diagnosis of acute delirium
- Enhanced care needs manageable at home
- Preventing admission or facilitating discharge
- Derby City adult residents

Exit & Outcomes

- Longer period of care in P1 if needed
- P2 bed if needed
- Referral to specialist services
- Supporting carers to recognise & prevent future crisis
- Measuring outcomes short, medium & longer term
- Capturing customer & staff experience

Service developments/Alternative to LRCH

Dementia Palliative Care Team (AKA Dementia pilot)

Aim: Improving the Pathway for People with Dementia & Delirium

Previously people with Dementia/Delirium often default to a nursing bed (P2b), which is often an inappropriate placement
Their length of stay in P2b is 20+days and discharge can be challenging
Purpose is to close gap in the pathway for people with dementia and complex, high level needs

Expected Outcomes

- Reduce system impact – LoS, inappropriate P referrals & bed days, readmission rates, challenging discharges
- Improve Dementia pathway – clinical quality and equity
- Support Care Home staff with dementia complex cases & Covid 19
- Improve training and education – (dementia, delirium, Covid 19, end of life, symptom management, palliative care)
- Implement National Guidance & Evidence based practice in end of life and dementia care

80 Referrals September 2020 – February 2021 from the Derby City Alliance Group

- Rate of referral higher than pilot anticipated
- New EMAS pathway going live, will increase referrals
- Referrals for discharge support increasing
- Increasing links with PCNs
- Increasing links with Care Home support networks
- Increasing number of referrals for people with learning disabilities

Proposed Service developments

Additional P2a / P2b Capacity

- Developed a P2b specification for 10 beds in the City to be provided by an independent nursing home

- We have explored the market and there are good nursing homes that have expressed an interest

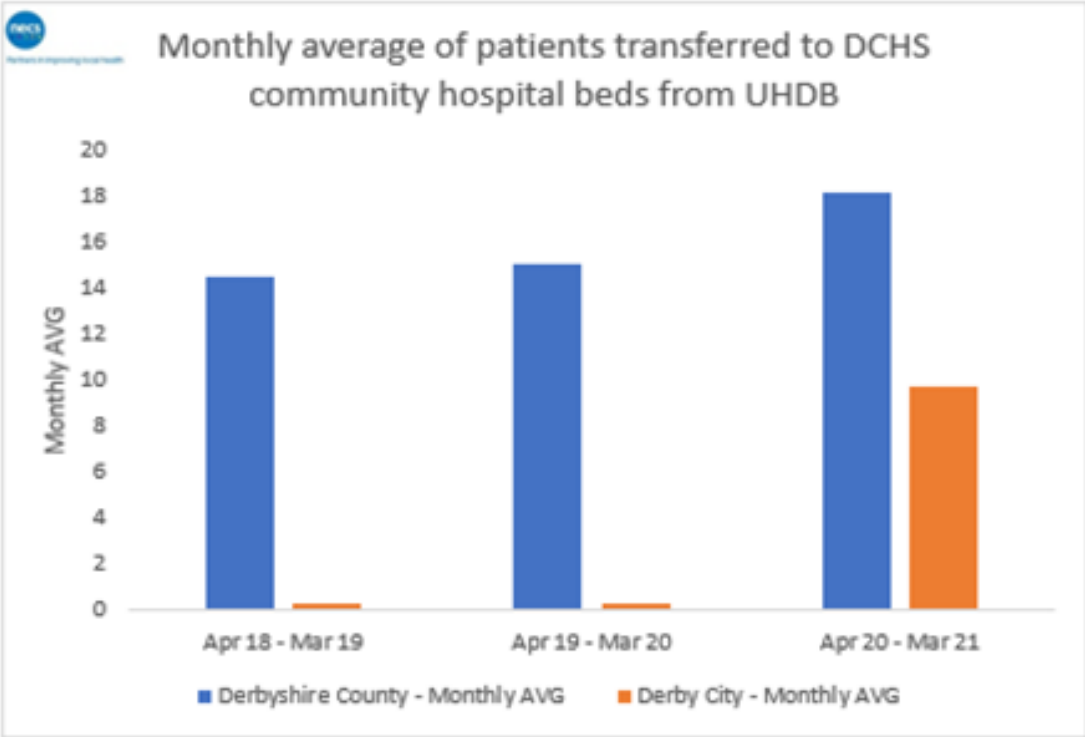
- **But at the moment the system feels we have enough provision because:**

    - Well established Home First service
    - Integrated delivery model (DCHS, DCC, UHDB)
    - Can easily flex up and down within the P1 – P2 provision – flexible staffing and flexible estate (across the County)
    - Well connected primary care network
    - New dementia and delirium models
    - P2b provision is available elsewhere

However if we feel we need more bedded provision we could easily commission more provision.

Data / Evidence

Changes to patient flows out of Royal Derby Hospital



Period	Apr 18 - Mar 19	Apr 19 - Mar 2	Apr 20 - Mar 21
Derbyshire County - Monthly AVG	15	15	18
Derby City - Monthly AVG	0.3	0.3	10

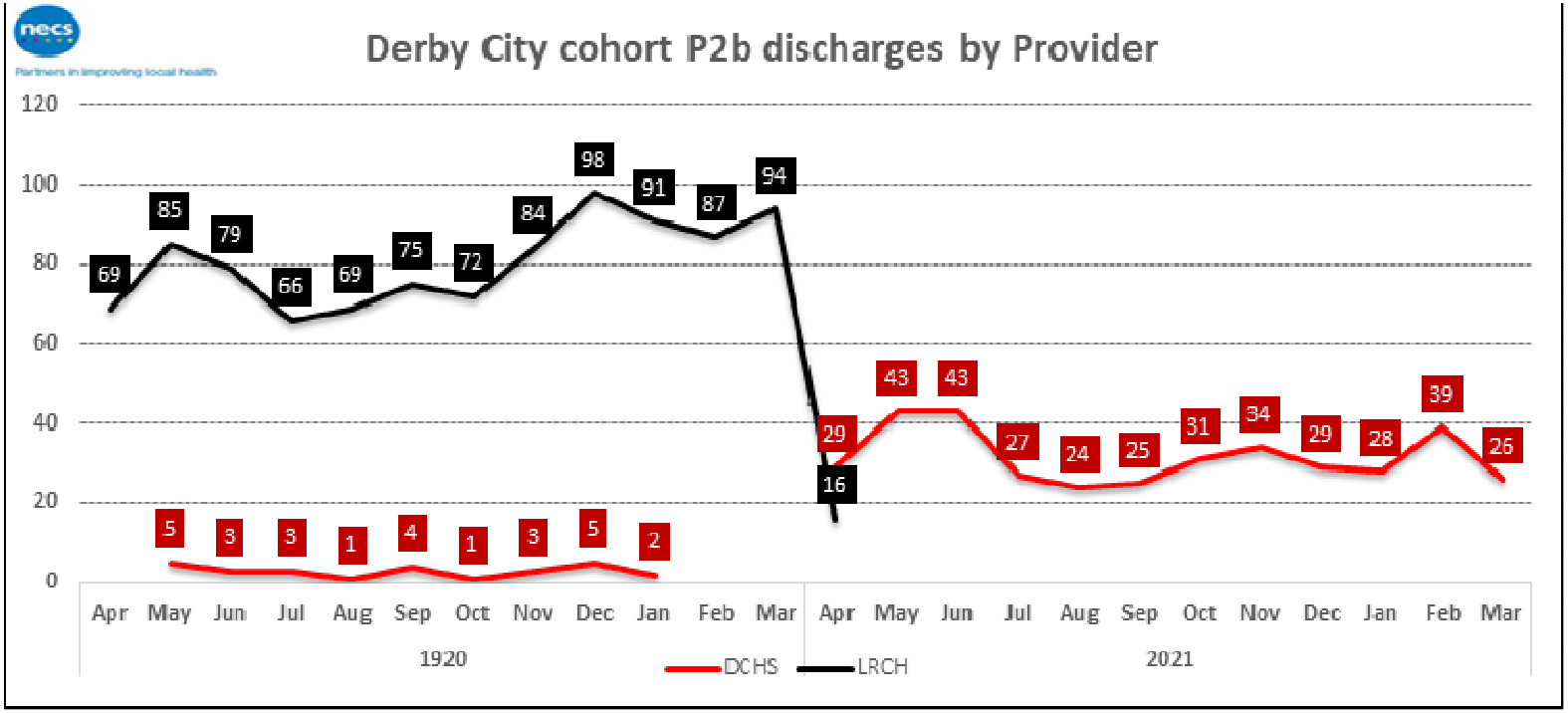
The average patient length of stay within the Pathway 2b beds in Derbyshire county has reduced from 22 days in 19/20 to 15 days 20/2. This has released capacity and increased throughput meaning more county residents will be able to access those beds.

We have increased ward capacity to admit covid+ patients.

Changes in National Discharge Guidance has allowed patients to go directly into a nursing home for CHC assessment

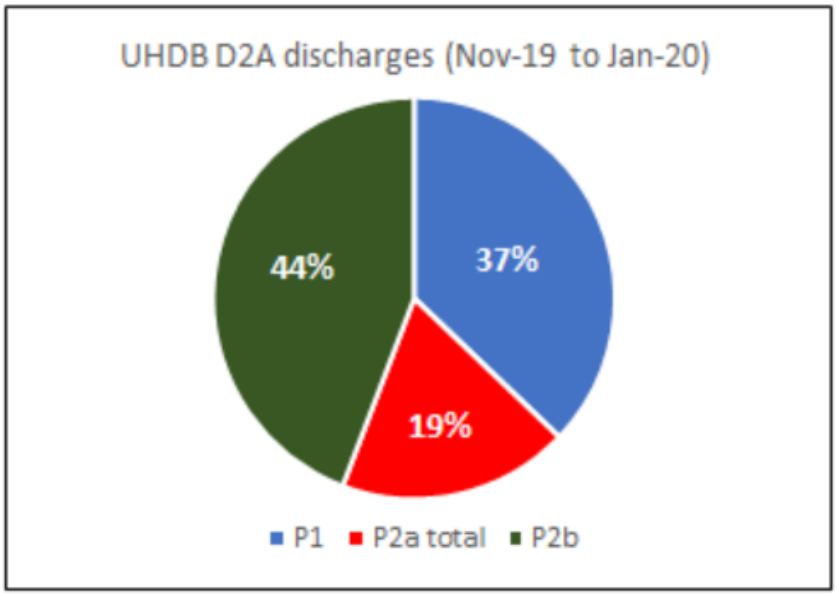
Derby City Alliance patient access to Pathway 2b

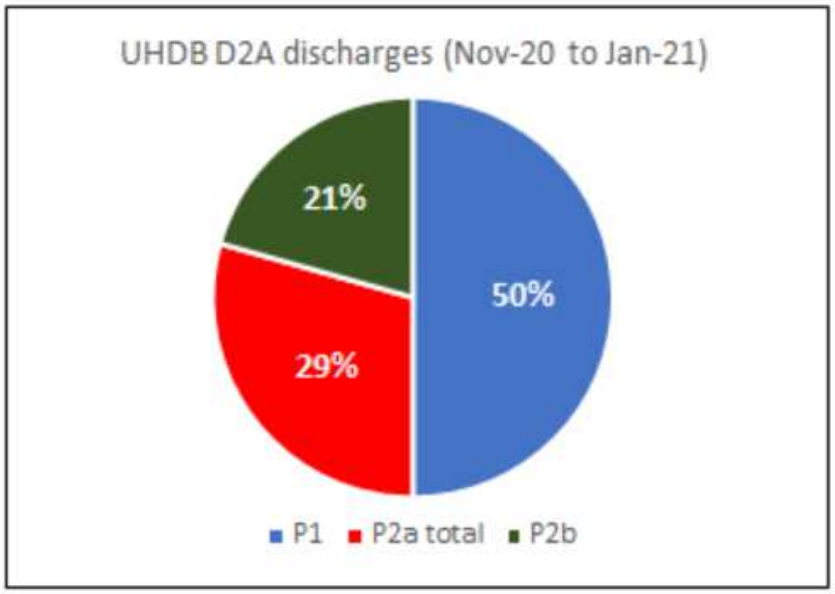
- Since May an average of 32 discharges per month from DCHS community hospitals are for Derby City patients



Discharge pathways : more patients going home

- **13% (126) more people went home**
- **P2a discharges increased by 13%**
- **P2b discharges Halved**





Next Steps

Develop the case for change:

Further refine the Case

- Have we got enough evidence to support the continued/permanent closure of LRCH? What would help, what is missing?
- What does the data tell us about the demand for D2A Pathways and therefore capacity required? Have we got that right?
- What are the risks associated with the proposed change /impact on others and how do we mitigate them?
- How should we engage and communicate with stakeholders?

Engagement and communication

- Develop the plan to engage with stakeholders:
  - Staff LRCH
  - Adult and Health Scrutiny Board
  - City Place Alliance
  - PCNs & Primary Care
  - Staff (NHS & LA)
  - Public
  - Carers
  - Partners NHS & LA
  - Independent Sector – voluntary and private

Any Questions

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

Improvement and Scrutiny Committee - Health

12 July 2021

Report of the Director of Legal Services

Healthwatch Derbyshire and Report on Vaccine Hesitancy

1. Divisions Affected

1.1 County wide

2. Purpose

2.1 The purpose of this report is to enable the Committee to consider the following reports from Derby & Derbyshire CCG;

- Healthwatch Derbyshire – (this is an oral report/presentation).
- Healthwatch report on Vaccine Hesitancy – as detailed in appendix 2

2.2 The Committee is asked to consider the appended reports from Healthwatch Derbyshire.

3. Information and Analysis

3.1 All information is detailed in the appended reports.

4. Consultation

4.1 Details of any consultation undertaken, or proposed, by Healthwatch Derbyshire are detailed in the appended report.

5. Alternative Options Considered

5.1 There are no alternative options directly arising from this report.

6. Implications

6.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

7. Background Papers

7.1 Reports submitted by the Derby & Derbyshire CCG and documents held by the office of the CEO of the Derby & Derbyshire CCG.

8. Appendices

8.1 Appendix 1- Implications.
8.2 Appendix 3 – (Healthwatch Derbyshire report on Vaccine Hesitancy)

9. Recommendation(s)

9.1 That the Committee:

a) Considers and discuss the reports at appendices 2 and 3.

10. Reasons for Recommendation(s)

10.1 The Committee has a statutory responsibility for scrutinising external health care organisations and internal projects within their work remit and to consider changes to service provision in order to improve health services for Derbyshire residents.

11. Is it necessary to waive the call-in period?

11.1 No

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Appendix 1

Implications

a) Financial

None directly arising from this report

b) Legal

None directly arising from this report

c) Human Resources

None directly arising from this report

d) Equalities Impact

n/a

e) Corporate objectives and priorities for change

None directly arising from this report

Other

None directly arising from this report

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Vaccine Hesitancy Report

Attitudes towards the Covid-19 vaccine

June 2021

Contents

1 Executive summary

In December 2020, the NHS began the biggest immunisation campaign in history as it started the Covid-19 vaccine rollout across the Country. In Derbyshire, this is being managed by the Derby and Derbyshire Clinical Commissioning Group (CCG).

Whilst the majority of people have embraced the vaccine, others have been hesitant to get vaccinated. The aim of this project was to gain an understanding of why some people were not taking up the offer of the Covid-19 vaccine, or were saying that they would not do so.

This report, produced by Healthwatch Derbyshire (HWD) and the feedback obtained will be shared with Joined up Care Derbyshire(JUCD) and Public Health bodies in Derbyshire allowing them to provide specific and directed messaging about the vaccine which will directly address those reported concerns.

2 What people told us

517 people took the survey, 388 had already had the vaccine or were happy to receive it. 129 people had not had the vaccine or had concerns around taking it.

The respondents who indicated that they did not want the vaccine or who were hesitant about having the vaccine (129) were asked:

For what reason would you be unlikely to have a vaccine if it was offered to you?

These respondents were provided with a list of reasons from which they could select one or more which would make it unlikely they would have the vaccine.

After examining the data provided we were able to identify two main areas of concern, worries around the effects on person's own health (2.1) and worries about the safety of the vaccine (2.2):

2.1 Worries around effects on own health

- 65 people indicated they were worried about the long term effects on their health
- 53 people indicated they were worried about the side effects of the vaccine
- 31 people indicated they were worried about the effects on their long term condition.

Those who indicated the reason for their vaccine hesitancy were asked to elaborate on their answer and below as a sample of those responses.

Sample of comments:

"I don't know the long-term affects or what might happen later in my life (if I was elderly/older I wouldn't worry so much)."

"Don't feel like I know enough about the vaccination, it all came out very quickly. I'm scared of what's in the vaccination as I have seen what is in it and also concerns for any future problems it may cause that nobody will know yet."

"I have my doubts about taking the vaccine because I'm worried it will cause problems with my *long-term condition, and I had Covid last year and am still suffering effects from it so I don't want to risk the vaccine making the effects worse than they already are."

"Clotting worries … high risk of clotting due to other health conditions. Also suffer from a *long-term condition and other sufferers are reporting significant worsening of symptoms after receiving the AstraZeneca vaccine."

"I have a *long-term health condition and there is no information on how safe the vaccine is for me."

"I have a *long-term health condition; I'm hearing of so many people either getting serious side effects after vaccine or even delayed side effects … The immune response of a person with my *long-term condition doesn't always respond the same way a healthy person does. That is what is putting me off."

"I have a *long-term health condition which is not currently treated and the clotting issue is too great for me with antiphospholipid syndrome and not being on blood thinners."

"Basically I'm scared of medication because of side effects so I don't take anything and the thought of having it makes me scared."

(The phrase long-term condition has been used to replace specific conditions which may identify respondents).

2.2 Worries about vaccine safety

- 34 people indicated they wanted to wait to see how the vaccine worked
- 47 people did not think the vaccine was safe
- 26 people felt that Covid-19 was not a personal risk.

Those who indicated the reason for their vaccine hesitancy were asked to elaborate on their answer and below as a sample of those responses.

Sample of comments:

"I do not believe the testing procedures have been robust enough to identify any medium to long-term side effects."

"I don't feel like I know enough about the vaccination, it all came out very quickly. I'm scared of what's in the vaccination."

"I feel the trials were too rushed despite being told that they have been checked and found safe."

"I do not feel it has been tested enough to know any longer term complications it may cause."

"I just want to wait a while, and not be pressured into having this jab. I've told them I don't want the jab yet, maybe in the future."

"Very rushed vaccine and not convinced it's going to make any difference."

"I never see anyone else to catch the virus or to pass it on to anyone else so I cannot see how the jab would be of help to me in my circumstances."

"Weighing up the potential risks I feel the vaccine is higher risk than getting Covid."

"As someone who is super fit with absolutely no underling health conditions and of a healthy weight, I do not perceive Covid to be any risk to me. I am not concerned about Long Covid. Therefore, I would literally just be taking this vaccine for 'the greater good' to protect those not able to have it. Something I will be very happy to do in a few years' time once far more is known about its wider implications for some people."

"I'd rather wait a few months to see if the population who have had the jab, have any long term side effects."

2.3 Other common themes

Also worth noting are the following comments from people who said they would not want the vaccine. There is a potential, with further information and data, to enable people to take-up on the offer. Information from Public Health, the CCG and local councils could help to reassure individuals on the safety and effectiveness of the vaccine.

Needle phobia

"Severe phobia of injections and no extra support provided for this."

"I'm not only very nervous around needles, I've read bad things about the Covid jab, I'm really unsure about having it really."

"I am writing in on behalf of my son. He has a needle phobia. He has been offered the vaccine aged 20 he has no objection to the vaccine. Just the needle"

"Severe needle phobia. Would have the vaccine via nasal spray without hesitation."

Allergies & reactions to previous medications

"I do not know what is in the vaccine and I have allergies and will not risk anaphylactic shock. There was a statement saying if you have allergies or anaphylactic shock in the past do not have it. I'm not prepared to risk it."

"My glands swell sometimes for no reason. Once my tongue swelled from a cold remedy. I have read a side effect can be gland swelling."

"I am highly allergic to vaccines and spent several weeks in hospital when I had the last one. Been advised by medics not to risk anymore."

"I have already suffered from varicose stasis, bleeds, oedema, rashes caused by medication. After suffering from many years I stopped all medication and my health has improved. My body is sensitive to modern synthetic concoctions - vaccines included."

Mental health

"I've had mental health issues, and now suffer with social anxiety, so the thought of going to the vaccination centre completely puts me off, as I've seen people I know mention online how busy it is down there, and that seems to be the only place I can go to get it."

"I haven't left my home since March 2020. I can't imagine leaving my home again apart from a medical emergency. My general anxiety disorder is currently so severe I would panic knowing I had had the vaccine and that I would have to cope with any side-effects by myself as I am always alone now."

"I'm 50/50 on whether to have it or not, as I said in answer to the previous question. My social anxiety etc. and the fact I have been told I have to go to a vaccination centre are the main reason I'm leaning towards not bothering."

Pregnancy

Seven people were worried about the effects on their pregnancy and/or future fertility.

"I worry about long term affects as there is no proof to say it could affect fertility and other illnesses."

"May have another baby in the future. I don't think the full effects can possibly be understood at this point and under those conditions in addition it's a high risk of errors."

"I am concerned about whether it will affect my fertility which I already have concerns about and I am about to start trying for a baby."

3 Recommendations

Respondents who raised concerns and who were hesitant about having the vaccine were asked:

Is there anything that would make you change your mind about having the vaccine?

Many gave suggestions as to what may encourage them to be more likely to take up the offer of the vaccine.

The following points highlight that there is action for change that may support people to take up the offer of the vaccine.

- More research published with testing and results shown/evidenced over a longer period of time
- Clearer information for people to make their decisions that address their concerns, with consideration given to health literacy and the frequently asked questions highlighted below
- Choice of vaccine
- Choice of venue to receive the vaccine, some prefer hospital settings in case of emergency or complications with existing condition
- Learning disabilities and mental health conditions taken into account and patients offered alternative venues or time slots to suit.

4 Frequently asked questions

Healthwatch Derbyshire has developed the following frequently asked questions developed from the concerns and solutions raised by those who took part in the survey and were hesitant about having the vaccine:

I have a good immune system – why should I get the vaccine?

I don't think I'm at risk of Covid-19 – why should I get the vaccine?

I have had a previous allergic reaction to a vaccine – can I still have the Covid-19 vaccine?

I have allergies and I'm worried about taking the vaccine – who can I speak to?

I'm pregnant or planning to be pregnant – can I still take the Covid-19 vaccine?

I want to choose which vaccine to have – is this possible?

I have a needle phobia – what support is available for me?

I suffer from a mental health condition and can't go to a big centre – can I request my vaccine somewhere quieter?

I declined the vaccine but have changed my mind – how can I book myself for a vaccine?

Where can I find the latest up to date and accurate information on the research and trials on the vaccine?

5 Methodology

This report summarises the findings from our online survey using Survey Monkey. The consultation period for this report ran from 18th March 2021 to 25th April 2021.

The survey was promoted through:

- local media channels, including the Derby Evening Telegraph
- a range of social media platforms including Facebook and Next Door
- HWD's website
- through HWD bulletins and newsletters
- our partner organisations who shared it with their contacts
- HWD volunteers.

We also encouraged members of the public to contact us by telephone or complete a paper survey if they were unable to access the survey digitally.

Once all the data was compiled we performed qualitative analysis on the data to break down the data into various sub-themes for discussion and examining the data for common questions and implications for recommendations.

Of those who had vaccine hesitancy we asked further questions, probing into the reasons asking them to elaborate their reasons where appropriate.

6 Thank you

HWD would like to thank all participants who gave their time to talk to us about the Covid-19 vaccine. We also extend our thanks to the many groups and services who supported and cooperated with this engagement activity.

7 Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all individuals who are eligible for the vaccine but never the less offer useful insight.

It is important to note that the engagement was carried out within a specific time-frame and therefore only provides a snapshot of patient experience collected then. They are the genuine thoughts, feelings and issues participants, carers and healthcare professionals have conveyed to HWD. The data should be used in conjunction with, and to complement, other sources of data that are available.

8 About us

HWD 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.

HWD 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 builds 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.