

# Public Document Pack



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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 25 February 2022

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 7 March 2022** in the Council Chamber, County Hall, Matlock, Derbyshire DE4 3AG; 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

## **A G E N D A**

### **PART I - NON-EXEMPT ITEMS**

1. Apologies for Absence

To receive apologies for absence (if any).

2. Declarations of Interest

To receive Declarations of Interest (if any).

3. Minutes (Pages 1 - 6)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 17 January

2022.

4. Public Questions (Pages 7 - 8)

30 minutes maximum for this item. 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 (below) for the submission of questions.

5. Mental Health Crisis Services (Pages 9 - 30)

6. New Mental Health In-Patient Facilities - Results of Consultation and Next Steps (Pages 31 - 70)

7. Review of Section 75 Agreements - Progress

8. Committee Work Programme (Pages 71 - 74)

PUBLIC

**MINUTES** of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 17 January 2022 at County Hall, Matlock, DE4 3AG.

## **PRESENT**

Councillor J Wharmby (in the Chair)

Councillors M Foster, G Musson, P Smith, A Sutton and D Allen.

Apologies for absence were submitted for Councillor P Moss and L Ramsey.

Officers present: Juliette Normington (Democratic Services Officer) and Jackie Wardle (Improvement and Scrutiny Officer).

## **There were no Declarations of Interest**

### **1/22 MINUTES**

**RESOLVED** – to confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 22 November 2021.

### **2/22 PUBLIC QUESTIONS**

- **Question posed by Mary Dwyer:**
  - “Why is our NHS continuing to be reorganised whilst we are in a pandemic which is putting so many demands on it and all its staff? These changes must take enormous amounts of time to organise and implement, as well as cost money, so surely a common-sense approach would be to stay as we are and look to positive changes in the future when the UK is through this extremely difficult time?”
- **Response of the CCG:**
  - The draft Health and Care Bill is currently being taken through the Parliamentary process by Government and includes many recommendations made by NHS England. The Bill outlines the creation of new Integrated Care Boards, which will replace clinical commissioning groups and have additional duties as part of a strengthened integrated care system (ICS). There are strengthened arrangements in statute for the partnership across health and social care, as well as in our places and providers.

- The view of Joined Up Care Derbyshire is that these changes are broadly in line with work already underway in Derbyshire to transform care through ever-increasing collaboration. It is true to say that the system is under considerable pressure at this time, and while we welcome the recently-announced three month extension to the implementation timetable to 1 July 2022, Derbyshire remains very well placed to see a smooth transition to the new statutory arrangements. All changes remain subject to the successful passage of the Bill through the Parliamentary process in early 2022.
- A supplementary question was asked:
- “The pressures on hospitals due to bed blockages are ever growing. I have heard that Derby Royal “bed blockage” is worse than ever and many care homes in Derby are not accepting any more discharge patients. How much money and time is being diverted from sorting the problems now of resolving bed blocking and supporting care homes to establish the changes needed to set up the Derbyshire ICS?”
- Ms Dwyer would receive a written response to this.
- **Question posed by M Jones:**
- “Given the pending closure of Babington Hospital, many Belper residents are understandably concerned about future health provision for the area. With unprecedented demands on our NHS increased by Covid 19, might there not be a case for devolving care and services closer to home to ease pressure on Royal Derby and should this not also include the retention of nursed beds in the town? These would significantly reduce pressure on Derby when it comes to discharging patients into the community. Therefore can we please be informed of the precise range of services which will be available across the community without increasing pressures on an already overstretched Royal Derby?”
- Response from Derbyshire Community Health Service NHS Foundation Trust:
- Future health provision in the area will be based on the building of a brand new community hub on the site of the old Belper Clinic. We are soon to be submitting a final planning application to the local planning authority. All existing services provided at Babington Hospital will be provided at the new building.

- Previous consultation has concluded that the most appropriate way to provide bedded care for local residents was via an integrated approach with Derbyshire County Council at the new Ada Bellfield located on Derwent Street. The NHS & County Council provide Community Support Beds at this site with rehabilitation support & care provided. Should local people require hospital based rehabilitation this is available at other NHS Sites including St Oswalds at Ashbourne, Whitworth Hospital at Matlock & Ilkeston Hospital.
- The NHS & County Council also provide integrated rehabilitation & care for people in their own homes.
- The NHS & social care services are currently under incredible pressure at present due to the pandemic & winter pressures resulting in significant pressure on our workforce & other resources which is resulting in us not being able to provide the normal capacity we would aspire to. We are sorry about this but hope that the committee & public understand this.
- It is also worth noting that DCHS are soon to announce a further public engagement to announce progress on planning for the new NHS health hub.
- A supplementary question was asked:
  - “Could you list the benefits of moving from a CCG to ICS?”
  - Mr Jones would receive a written response to this.

### **3/22 INTEGRATED CARE SYSTEM UPDATE**

Zara Jones, Executive Director of Commissioning Operations, Derby & Derbyshire Clinical Commissioning Group gave a brief update on the Integrated Care System. The Health and Care Bill was still being considered by Parliament and, to allow sufficient time for the remaining parliamentary stages, the time line had been extended to 30 June 2022, to allow new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This would provide extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining momentum towards more effective system working.

Joint working arrangements had been in place at system level for some time and there had been significant progress in preparing for the

proposed establishment of statutory Integrated Care Systems. CCG leaders and designate ICB leaders were asked to continue with preparations for the closure of CCGs and the establishment of ICBs, working toward the new target date.

Committee would be updated at the Improvement & Scrutiny – Health’s meeting in July 2022.

#### **4/22 CHESTERFIELD HYPER ACUTE STROKE UNIT REVIEW**

Zara Jones, Executive Director of Commissioning Operations, Bernice Groves and Heidi O’Ryan, NHS Derby and Derbyshire Clinical Commissioning Group, provided an update on progress on the options appraisal of the Hyper Acute Stroke Service (HASU) at Chesterfield Royal Hospital NHS Foundation Trust (CRH).

As described in the report submitted to the Committee in September 2021, the Derbyshire Stroke Delivery Group recommended a service review and options appraisal of the hyper acute element of the stroke service. Any future decision on the future of the Unit would have an impact on several stakeholders ranging from patients, surrounding trusts and ambulance services; a task and finish group was therefore established in May 2021 to oversee the process.

Five key options were identified:

1. HASU provision continued to be delivered by the existing substantive Consultant, locum support and telemedicine (Do nothing);
2. The service was strengthened by redesign;
3. The Trust introduces a review and convey model; where patients were assessed and treated within the Accident and Emergency Department followed by immediate transfer to a Hyper Acute Stroke Unit;
4. Decommission the CRH HASU element of the Stroke Service pathway, if workforce sustainability issues could not be resolved, with either a single HASU provider or multiple providers; and
5. Review of the CRH HASU as part of a wider East Midlands review to rationalise sites; continuing to provide the service ‘as is’ at CRH.

A stakeholder workshop was organised to develop the options further.

A separate independent panel was formed to make recommendations on the preferred option(s) as detailed; the preferred was Option 2. This would be taken forward but with further work/caveats. It was recommended that a small working group be established, with focus on the workforce challenges and consider all possible workforce models and good practice, taking learning from independent panel members and develop a plan and

provide detail of the service redesign.

A number of questions and comments were posed by Committee particularly around the robustness of the process, clear information and training and quality assurance and diversity of the make-up of the independent panel. Some concerns were expressed around the financial aspects of the review however the process was driven by value for money.

AMENDED RESOLUTION – Committee (1) noted the content of the paper and the process being taken; and (2) welcomed NHS officers to a future meeting to discuss the process further.

## **5/22 PRIMARY CARE**

Clive Newman, Director of GP Development, Derby & Derbyshire Clinical Commissioning Group presented Committee with an update on GP access in Derbyshire. In summary, it was found that many practices were experiencing challenges for both practices and patients. There was a high level of demand for GPs, who were working under great pressure, particularly with the number of appointments offered at or above pre pandemic levels. More appointments were offered by phone and more were requested for the same day. Patients reported mixed satisfaction with access and there was on-going work to improve access by practices, the CCG and the wider NHS.

Staffing remained a challenge. New funding for non-GP staff and a range of initiatives designed to help recruit and retain key staff had been made available but retention remained difficult. Paused services during the pandemic were being restarted and GPs continued to lead a very successful vaccination campaign. Demand and pressure on staff was likely to be very high over the winter, and there was rising concern over practice staff wellbeing.

GPs wanted to revert back to how practice was pre pandemic – particularly face-to-face appointments and a more hands-on approach however the benefits of virtual and online appointments were recognised. Calls to the 111 service had increased and committee recognised that this was working well and requested statistics around staffing.

Patients were also concerned about triaging; it was confirmed that this service was doctor-led however, it was also recognised that patients were becoming more knowledgeable about who/what service they require. Committee noted some aspects of the service were working well, such as the Prescription Order-line and Self-Referral and throughout the pandemic, pharmacy services had improved.

## 6/22 REVIEW OF SECTION 75 AGREEMENTS - SCOPING REPORT

Committee was informed of a proposed review of the Section 75 Agreements between the County Council and partner organisations. Agreement was sought for the review being undertaken and the establishment of a review working group.

The use of Section 75 agreements allowed partners to contribute to a common fund to be used to commission health or social care related services and allowed a local authority to commission social care and joint commissioning of integrated services. The Committee Chairman had proposed the review to identify areas for improvement and develop recommendations to increase efficiency and effectiveness, as well as ensuring the best use of available budgets.

A working group of four Members from the Majority Group and two Members from the Minority Groups was agreed. It would seek information from a number of sources, expert witnesses, service users and the Council's Cabinet Members for Adult Care and Health & Communities. Reports would be submitted to this committee to update Members on progress and direction of the review. The review outcomes and recommendations would be reported to Cabinet and shared with partners.

**RESOLVED** – that Committee (1) agree to a review of Section 75 arrangements, as set out in the report; and (2) establish a review working group of four Members from the Majority Group and 2 Members from the Minority Groups to recognise the political balance of the Committee.

The meeting finished at 3.50 pm



## **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](mailto: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**

**7<sup>th</sup> March 2022**

**Report of the Derby and Derbyshire Clinical Commissioning Group**

**All Age Mental Health, Learning Disabilities and Autism  
Crisis Services Developments**

**1. Purpose**

1.1 To provide an update regarding the development of MH crisis services

**2. Information and Analysis**

2.1 The presentation provides an update on Crisis Alternative developments for the following:

- Adults with mental health needs
- Children and Young People
- Services for people with Learning Disabilities and/or Autism

**3. Alternative Options Considered**

3.1 N/A

**4. Implications**

4.1 N/A

**5. Consultation**

5.1 The presentation describes the engagement processes followed to ensure the developments are co-produced with people with lived

experience and potential providers of the services.

## **6. Background Papers**

6.1 N/A

## **7. Appendices**

7.1 N/A

## **8. Recommendation(s)**

That the Committee:

a) Note the progress made.

## **9. Reasons for Recommendation(s)**

9.1 N/A

**Report Author: Mick Burrows**

**Contact details: [Mick.Burrows@nhs.net](mailto:Mick.Burrows@nhs.net)**

# All Age Mental health, Learning Disabilities and Autism

## Crisis Services Developments

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# Agenda for today's session

## Crisis Alternative developments

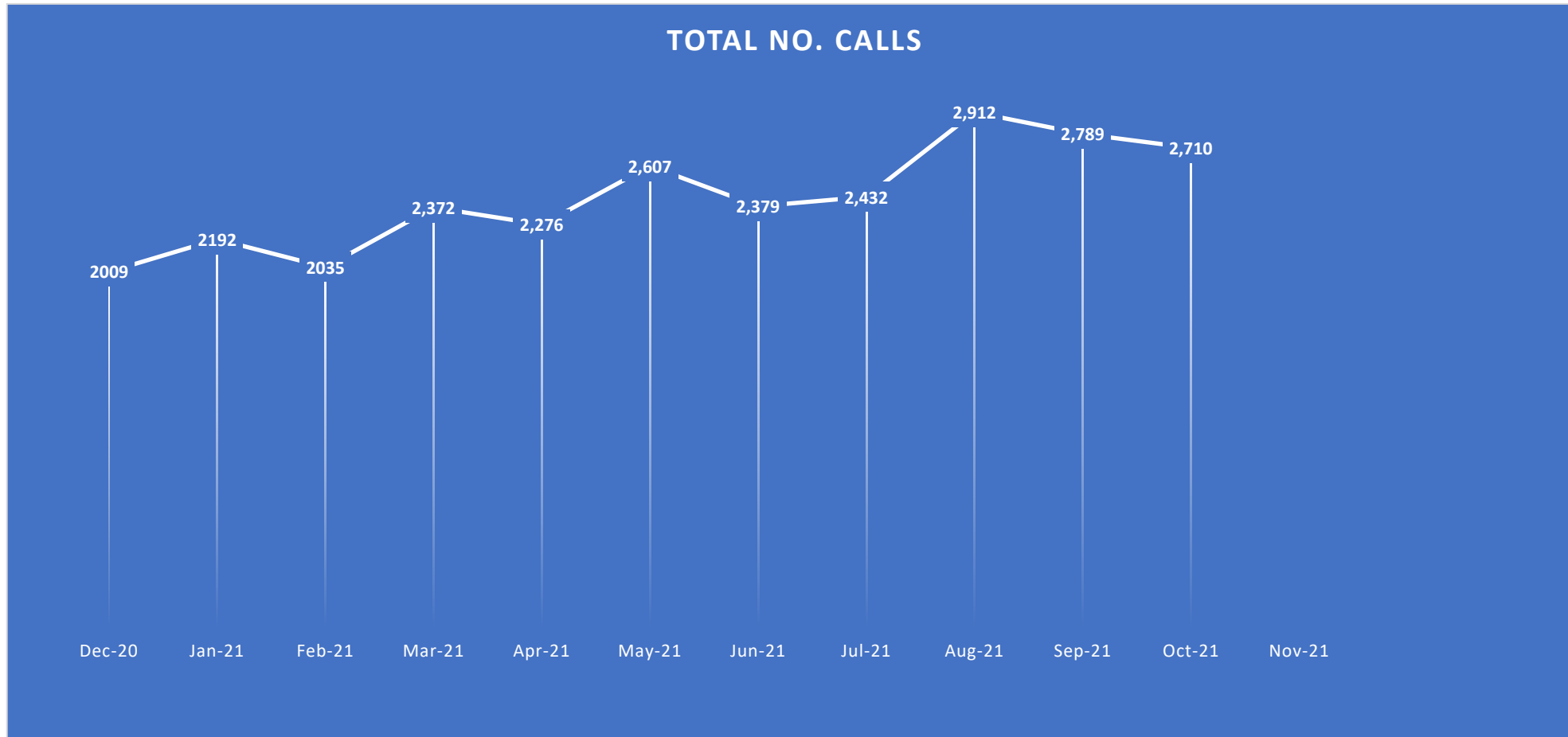
- Adults with mental health needs
- Children and Young People
- Services for people with Learning Disabilities and/or Autism

# Crisis Alternatives – MH Helpline & Support Service

- Derbyshire's Mental Health Helpline – since July 2020
- Freephone - 24 hours/ 7 days per week
- All age – children, young people and adults
- Partnership between NHS, Police, Local Authority & Voluntary Sector
- Callers can:
  - talk through their concerns;
  - receive signposting;
  - access clinical or face-to-face support if needed

# Crisis Alternatives – MH Helpline & Support Service

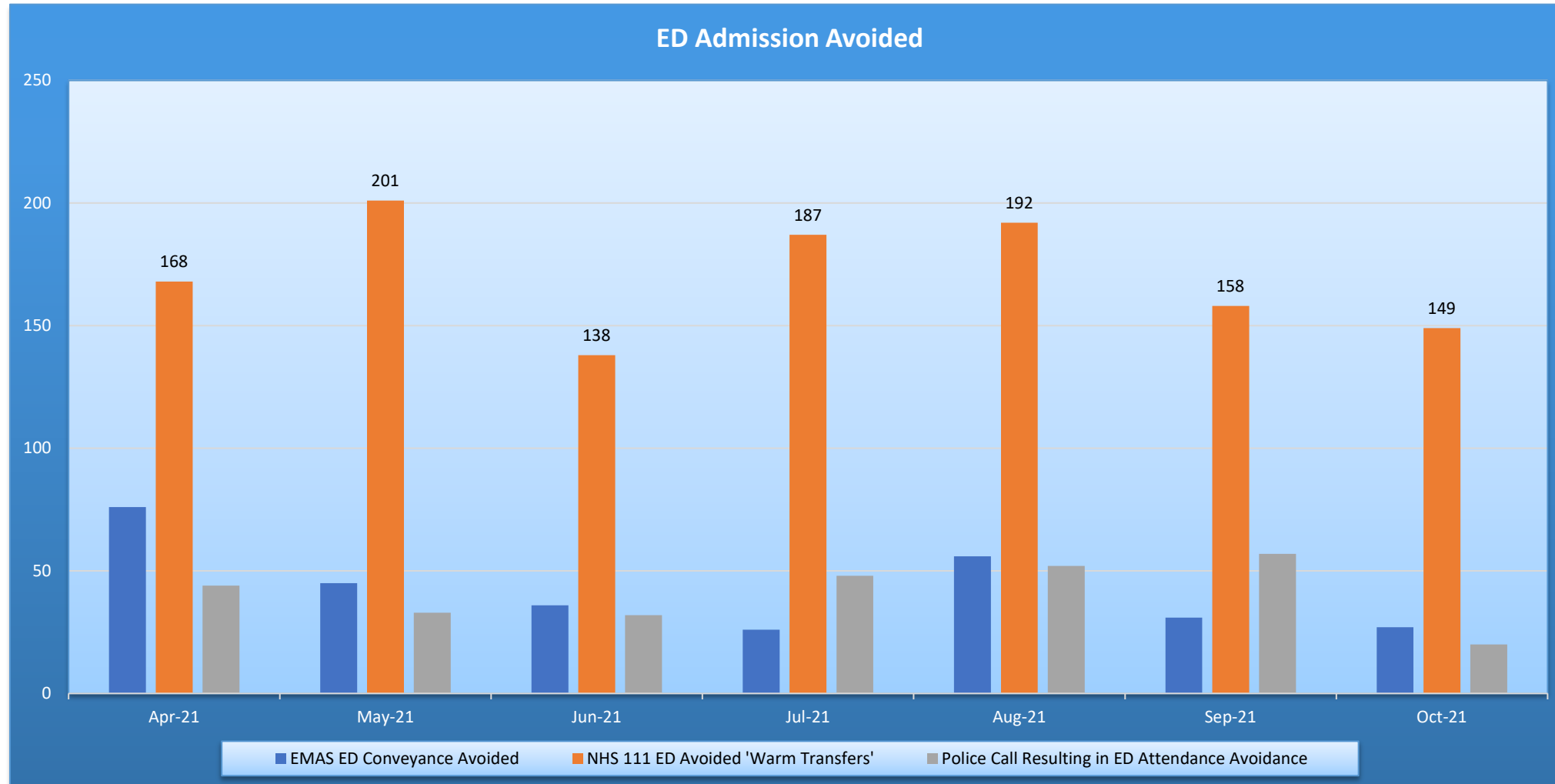
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# Crisis Alternatives – MH Helpline & Support Service

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# Crisis Alternatives - MH Helpline continued

## Website: Derbyshire's Mental Health and Support Service

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Telephone: **0800 028 0077** (freephone)

Other support available:

[Derby & Derbyshire - Emotional Health & Wellbeing](http://derbyandderbyshireemotionalhealthandwellbeing.uk)  
[\(derbyandderbyshireemotionalhealthandwellbeing.uk\)](http://derbyandderbyshireemotionalhealthandwellbeing.uk)



Derby & Derbyshire

Emotional Health & Wellbeing

Transforming Health and Wellbeing for Everyone

# Crisis Alternatives – Safe Haven

**Safe Haven** (Burton Rd, Derby) - in place since November 2020

- Objective: to provide alternative to A and E out of hours
- Open to adults across Derbyshire – accessed via the MH Helpline
- Provides listening, support planning and de-escalation
- Delivered by Richmond Fellowship – Voluntary Sector
- Service review: good outcomes; a genuine alternative to A and E
- Exploring expanding this service to 16+

# Safe Haven (continued)

*'I didn't think just talking would help and today I've been proven wrong excellent service'*

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*'This service has been key in keeping me safe tonight, and the only one that was available to offer immediate support in a way I needed.'*

*'Such an important service that will undoubtedly save lives. Very friendly staff would definitely recommend'*

# Crisis Alternatives - Crisis Cafes

## What is a 'Crisis Café'?

- Accessible to everyone, with drop in facilities
- Out of hours: support during evenings and at weekends
- Preventative, peer, and non-clinical support
- Feels safe and/or offers quiet space, e.g. café style
- Meets variety of needs: low level support to preventing A&E

# Crisis Cafes (continued)

Some comments/ feedback to date include:

*"They need to be a safe space where people feel listened too and do not feel judged"*

*"They need to be accessible to all, for example different ages, backgrounds, disabilities, sexuality"*

*"Someone to turn to so you are not alone"*

*"They need to be community owned and not staff led"*

*"Signposting to relevant or more specific services that meet the needs of the person attending"*

# Crisis Cafes (continued)



# Crisis Alternatives - Crisis Cafes

## Where we are now/ next steps:

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- Engagement over summer/autumn 2021 to highlight needs
- Mapping work taking place to highlight priority areas/ gaps
- Draft specification has been produced inc. a checklist for providers
- Market engagement event for interested groups/ providers: Jan 20<sup>th</sup>
- Cafes anticipated to be up and running summer/ autumn 2022



# Derbyshire Response to Children and Young People in crisis

- To enhance our offer by stemming escalation and responding to crisis with a graduated approach supporting all CYP inclusive of mental health, learning disability, autism, eating disorder and complex behaviour.
- Aim to build support around the child, to maintain key relationships and positive networks.
- The health offer alone will not fully support our CYP in crisis - only with multi-agency approaches and genuine partnership working will we have further positive impact.
- Genuine co-production with CYP is crucial.

**We want to successfully wrap care around our CYP in their time of need, as described in the Thrive model as**

**'getting risk support'.**

<https://www.annafreud.org/mental-health-professionals/thrive-framework/>



Key stakeholders (41 reps from across Providers, VCSE, CYP, LA, Police) met in June 2021 to discuss enhancing our crisis support offer. They looked at the data, heard CYP feedback and considered the options available to make improvements

**Main themes:** The need for 'wrap around support' for child, parents/carers to keep CYP safe

- Increase support hours available
- Multi agency responses that include education, activities
- The requirement for good risk management
- Good MDT/multi-agency care planning
- Reduce inequalities – focus on LD&ASC, Gender Dysphoria

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# Enhancing 'getting risk support' – what you have told us (continued)

**MH2K Citizen researchers** – completed peer research including workshops, interviews and surveys on access to crisis support

- “Unless you’ve openly expressed a need for it [crisis support], you are not made aware it’s out there.”
- “I feel as though mental health services seem inaccessible, but this was before I knew of any online/text support so maybe it would be different now.”

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MH2K found a lack of awareness about local CYP crisis support and recommended

- better advertising of the crisis helpline number e.g. via social media Instagram / TikTok etc
- alternative options to access support e.g. anonymous text messaging service and a chat function online would be useful, as not everyone feels comfortable calling and speaking to someone.

# Developing our crisis response model

- **Crisis, Liaison and Intensive Home Treatment Team** to enhance our staffing resource to provide an equitable 24/7 crisis assessment, brief response and intensive home treatment service to improve outcomes, support complex packages and meet growing demand.
- **Day resource** offering a safe space in a non-clinical setting. Alternative support in times of crisis with access to specialist assessment / support.
- **Flexible Specialist Community Workers:** To work flexibly with CYP in the home, community, paediatric unit or day resource. This will enhance the existing offer and provide additional 'scaffolding' intensive support to enhance the multi-agency offer.

# Developing our crisis response model (cont.)

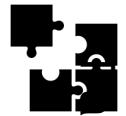
- **Purposeful occupation and activities** expand opportunities to develop on going personalised care, high intensity interventions – which may not be complex but build confidence / engage in every day activities e.g. pro social activities; peer support (parental & CYP), supporting eating , creative / wellbeing activities, education support
- **Communications** by CYP for CYP about support available i.e. 24/7 helpline, Kooth, emotional health and wellbeing website
- **Crisis alternatives** Scoping further CYP friendly ‘safe spaces’ and ‘low stimulus’ easy access, short term options
- **Acute paediatric units** - bolstering support – psychological input / support strategies/ training. Escalation process to improve flow to ensure CYP get the right care, right place, right time.

# Learning Disabilities & Autism



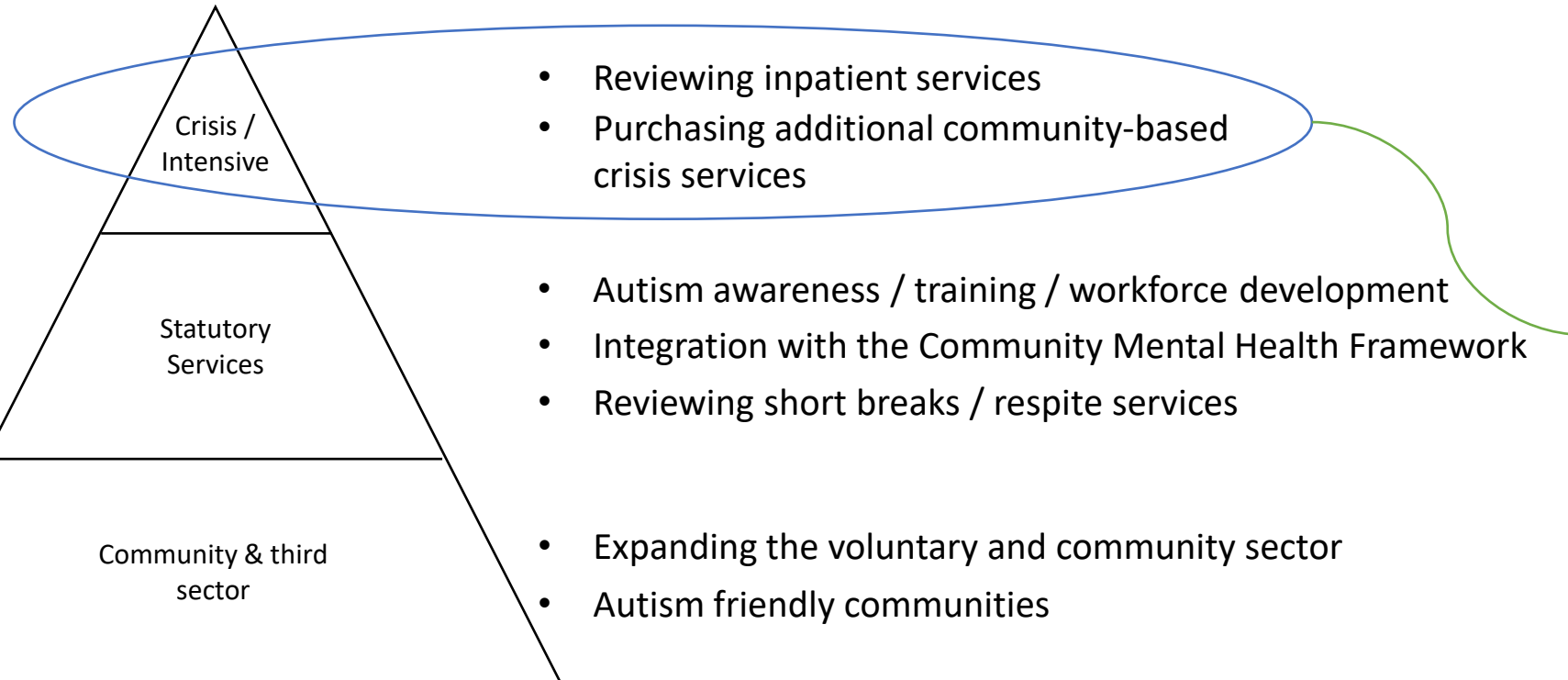
## Vision:

*... to rebalance how care, treatment and support is delivered through targeted investments in local communities; moving from reactive, restrictive and intensive interventions to proactive, preventative and sustainable community-based support ...*



## Support model

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**So what are we doing?**

- Expanded our local Intensive Support Teams.
- Commissioning 'crisis inreach' and 'crisis accommodation' services.
- Working alongside the Suicide Prevention Partnership.
- Helping to ensure that everything else that we have talked about today is learning disabilities and autism accessible.?

# How people can get involved

- **Email us** at [ddccg.cypprogram@nhs.net](mailto:ddccg.cypprogram@nhs.net)

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Provide us with the area you are interested in; and your contact details; and we will keep in touch.

- **Share with us** your views on our proposals to relocate older peoples mental health inpatient services.

[Final consultation document - Pleasley Walton and Ward 1.pdf \(derbyshirehealthcareft.nhs.uk\)](#)

[Older People Mental Health Consultation Survey \(surveymonkey.co.uk\)](#)

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**7<sup>th</sup> March 2022**

**Report of the Derby and Derbyshire Clinical Commissioning Group**

**Older People Mental Health Services Consultation**

## **1. Purpose**

1.1 To provide the outcome of a consultation on the relocation of Older People Mental Health Inpatient rehabilitation Service.

## **2. Information and Analysis**

2.1 The consultation report details feedback received from the 60 day consultation. It details:

- Process for consultation
- Feedback received
- Outcomes
- Next steps

## **3. Alternative Options Considered**

3.1 N/A. This was a one option consultation based on a once in a lifetime opportunity of investment for the people to Derby and Derbyshire

## **4. Implications**

4.1 This was a one option consultation with the implications of proposed changes outlined

## **5. Consultation**

5.1 This paper outlines the consultation process

## **6. Background Papers**

6.1 Background is available in the body of the consultation report and in the accompanying Dormitories Eradication Programme update

## **7. Appendices**

7.1 N/A

## **8. Recommendation(s)**

That the Committee:

- a) Approve the consultation process
- b) Note the outcome of the consultation findings
- c) Note the ongoing work as described in the issues and mitigations section.

## **9. Reasons for Recommendation(s)**

9.1 The consultation report will be included in the outline business case of the wider Dormitories Eradication Programme. It is essential to illustrate that the Duty to Involve, outlined in section 14z2 of the Health and Social Care Act, has been met before the Programme of work can move forward.

**Report Author: Claire Haynes Contact details: Claire.Haynes2@nhs.net**

## **Implications**

### **Financial**

1.1 £80 million investment for mental health services in Derby and Derbyshire

### **Legal**

2.1 Non identified

### **Human Resources**

3.1 Considered as part of the wider Dormitories Eradication Programme

### **Information Technology**

4.1 N/A

### **Equalities Impact**

5.1 Quality and Equality Impact assessment (QEIA) undertaken for this consultation. Currently in the process of being reviewed and will be published with the consultation report. Further and review of current QEIA assessments will be undertaken as required.

### **Corporate objectives and priorities for change**

6.1 This development will allow for Derby and Derbyshire to meet current guidance on the separation of services for older adults and adults of working age as well as being an integral part of the wider Dormitory Eradication Programme.

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

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## **Improving mental health inpatient facilities in Derbyshire – update**

### **Background**

Over the last year we have been discussing future changes to local inpatient (hospital based) mental health services across Derby and Derbyshire. The following services were proposed, and agreed:

#### **Development at Kingsway Hospital**

- A new 54 bedded male facility, across three wards (this will partially replace the upper wards at the Radbourne Unit in Derby, which have no direct access to outdoor space).

#### **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 wards, currently based on the same site).

Local funding, from the local integrated care system (Joined Up Care Derbyshire), is currently in the process of being secured for the remaining projects (please note, we aim to ensure that all refurbishment projects meet the same standards as the new builds):

#### **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 with en-suites, 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.

#### **Development at Walton Hospital, Chesterfield**

- Refurbishment of one ward at Walton Hospital to accommodate a 12-bed relocation of older adult inpatient service from the Hartington Unit – please see separate consultation update for further information on this proposal.

### **Consultation and engagement activities to date**

As discussed with the Committee previously, given the necessary timescales, restrictions regarding use of the funding and limited land options and for the new builds, it was agreed the preferred public communications approach for the new build acute inpatient hospitals would be an ongoing engagement process rather than a formal consultation.

The exception to this was the formal consultation for the proposed move in service for older people's functional mental health services, given the geographic move from the Hartington Unit to Walton Hospital, and included the proposed permanent relocation of older people's functional mental health services for Southern Derbyshire, from London Road, Derby to Tissington House, Kingsway Hospital.

This consultation took place between 1 December and 1 February. An update is included below and a detailed report is shared alongside this paper.

For the rest of the developments, engagement processes took place throughout the summer of 2021. This included letters being sent to local residents close to Kingsway Hospital, engagement with the Trust's EQUAL forum, engagement with the Trust's wider stakeholder groups across the city and county, and media liaison which resulted in positive press stories. These messages were supported by engagement with the planners to offer insight into the projects, particularly the new buildings. The feedback received was overwhelmingly positive with nine out of ten local resident responses in favour of the Kingsway Hospital new development. This was mirrored for the Chesterfield site new build when members of the public, stakeholders, and wider interested parties were invited to share their views via a survey – nine out of ten respondents felt positive or very positive about the new development.

Separate engagement is taking place focused on Audrey House, based at Kingsway Hospital, which was previously used as an inpatient rehabilitation facility. This started on 24 January and closes 7 March. A summary is included below and a future report will be shared outside of the formal meetings, once this feedback has been received and analysed.

Planning permission for the developments at Kingsway Hospital was agreed on 9 February and the development at Chesterfield Royal Hospital received planning approval on 18 February.

Following this, tree felling commenced on both sites to ensure the land is suitable for use. The Trust is committed to wildlife preservation and ensuring green spaces are available for service users and staff so, to offset the planned tree felling, we have pledged to create a positive ecological offset around both sites when the buildings are completed. In line with service user feedback, therapy gardens and sky gardens will also be created.

## **An update on our engagement and consultation activities since the last meeting**

### **Older people's mental health services:**

As agreed with the Derbyshire and Derby City Adult Health Scrutiny Boards, due to the change in site, a full 60 day public consultation has now been undertaken for the older adult relocation from the Hartington Unit to Walton Hospital, alongside the proposed permanent relocation of older adult services from London Road, Derby to Tissington House, Kingsway Hospital.

In summary, the feedback received was positive, with the majority of respondents supporting the proposed moves, citing better facilities for service users as one reason. Queries were raised directly with the Trust regarding the separation of working age adults and older adults in the north of the county and responded to accordingly, with a focus on the need to align with best clinical practice.

Feedback received from relevant staff, service users and carers regarding the Tissington House permanent relocation prior to the start of the consultation was overwhelmingly positive, this was reflected in the feedback from the survey respondents.

The full report enclosed highlights the feedback received throughout the consultation. Whilst the older people's services in the north of the county will not relocate until the ward has been redeveloped to ensure it is suitable for the new patient cohort, we ask the Board to agree that this move can take place at a future date.

### **Inpatient rehabilitation services:**

The agreed engagement process is also underway regarding the use of Audrey House based at Kingsway Hospital in Derby. The unit was previously used as an inpatient mental health rehabilitation service, but in recent years there has been a decrease in demand for inpatient mental health rehabilitation. Prior to the COVID-19 pandemic, a project had commenced to deliver a new community rehabilitation service, however in response to the pandemic and the low number of patients, Audrey House was temporarily closed in April 2020, with inpatient services being delivered from the adjacent Cherry Tree Close.

Since April 2020 Cherry Tree Close has been able to manage flow, in to and out of the unit. Bed availability has been regularly monitored, remains stable and there is no expectation that we will need the beds provided at Audrey House for inpatient rehabilitation services in the future.

We have proposed, that following the public engagement process which closes on 7 March, Audrey House becomes the permanent base for the county's new Acute Plus facility, providing enhanced support to women, across eight inpatient beds. However, it has been identified that the unit will first be required as the decant facility, to release space at the Radbourne Unit for commencement of the refurbishment process. (Engagement regarding the development of an acute plus facility was included in the public engagement that took place in summer 2021).

Direct engagement has taken place with current rehabilitation carers and service users at Cherry Tree House, and we have directly contacted people who were previously supported at Audrey House. Internal engagement has also continued to take place with Trust staff.

The engagement process closes on 7 March and we shall share the outcome report with Derby and Derbyshire Adult Health Scrutiny Boards in April 2022.

### **Artists impressions of the new facilities**

The below images are indicative of the new builds at Kingsway Hospital and the Chesterfield Royal Hospital site. In collaboration with our partners, we are gathering staff, service user and carer feedback/opinion regarding the visuals, aromas and space of the projects in order to best meet the need of the users.



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# Older People Mental Health

Consultation Report  
February 2022

## Introduction

This consultation asked local people to share their views on proposals to relocate two services for older people with mental health conditions to new facilities in the county. Inpatient services for older people with functional mental health conditions such as depression, anxiety and psychosis are currently provided by Derbyshire Healthcare NHS Foundation Trust (DHcFT) in functional mental health facilities across Derbyshire.

In Northern Derbyshire these services are offered on Pleasley Ward at the Hartington Unit, which is located on the Chesterfield Royal Hospital site. The service is currently provided from shared facilities with adults of working age, whilst national guidance indicates that services for adults and older adults should be provided from separate facilities. Due to national investment in mental health services, the Hartington Unit inpatient wards will be replaced by a new, purpose-built facility for working age adults on the Chesterfield Royal Hospital site. In line with current guidance, this move provides an opportunity for separation of services for older adults and adults of working age – the Hartington Unit currently supports all ages of adult patients on Pleasley Ward.

This consultation outlined proposals to relocate the older adult functional mental health services to Walton Hospital, also in Chesterfield, provided from a modern, high quality ward with single en-suite rooms, in line with national guidance. Walton Hospital currently offers inpatient services for people with dementia, and there are a number of benefits of co-locating services for older adults and for bringing specialist colleagues together on one site. The dementia services at Walton Hospital are provided by Derbyshire Community Health Services NHS Foundation Trust (DCHS).

In Southern Derbyshire, inpatient services for older people with functional mental health conditions were historically delivered from London Road Community Hospital in Derby. In June 2021 these services were temporarily located to Tissington House at Kingsway Hospital in Derby.

Kingsway Hospital delivers a wide range of inpatient mental health services and this temporary move brought the older people's functional mental health services onto the same site as facilities that support people with dementia in Southern Derbyshire. This consultation sought views on making this a permanent move.

Given this service is specific to a small number of current service users, their families, carers, partners and stakeholders and that the services will continue to be provided in the future just from a different location, it was proposed that this targeted consultation could be undertaken over a 60 day period.

The needs and views of local people along with key partners have been considered and this report details our findings.

## Background

The different types of mental illness:

*Functional* mental illness describes acute psychiatric illness such as depression, anxiety or psychosis.

*Organic* mental illness mostly describes dementia, as well as other conditions which result from brain injury.

### Northern Derbyshire

Functional inpatient mental health services for older adults are currently provided from Pleasley Ward at the Hartington Unit based on the Chesterfield Royal Hospital site. The ward is shared with adults of working age.

National guidance indicates that adults and older adults should no longer be supported through shared facilities. As we age our needs change. We are far more likely to have physical health issues, mobility problems and require environmental adaptations to enable equitable and safe access to an inpatient ward. By separating adults from older adults, we are able to meet the needs of each group in a more satisfactory manner. For example, placing rails in a bathroom for adults could be seen as stigmatising as mental health needs do not require this, additionally it creates an unnecessary ligature risk. In an older adult environment, there is often a higher level of frailty and physical restriction so provision of rail in bathrooms is a necessity, practical and prevents unnecessary falls. Derbyshire Healthcare NHS Foundation Trust has received funding, subject to approval of full business cases which is already approved at outline level to develop a new acute mental health care facility for adults of working age, which will be developed on the Chesterfield Royal Hospital site, replacing the current Hartington Unit in 2024. The new unit will provide purpose-built accommodation including single rooms with en-suite bathrooms, in line with national guidance.

As part of this development it was identified that we would need to provide separate facilities for older age adults, in line with national guidance. Given this the Trust has been exploring potential opportunities to relocate the 12 functional mental health beds for older age adults that are currently based on Pleasley Ward at the Hartington Unit. There are no opportunities to provide separate services for older adults on the Chesterfield Royal Hospital site.

The introduction of the Dementia Rapid Response Team (DRRT) in North Derbyshire in 2018 has reduced the need for dementia beds in the north of the county, providing an opportunity to co-locate organic and functional mental health beds on one site at Walton Hospital.

Some individuals 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.

There are a number of benefits to this proposal, including the co-location of specialist older adult clinicians and supporting people who may present with both functional and organic mental health needs.

### **Bed numbers**

There are currently 30 beds for organic mental health patients (dementia) at Walton Hospital and this proposal would reduce the provision by 50%, to 15 beds. There has been a reduction in the demand for the dementia beds at Walton Hospital following the introduction of the Dementia Rapid Response Team (DRRT) and the unit at Walton Hospital currently operates well below capacity, with an average of 11 patients being supported across the two wards.

The proposal outlined in this consultation document is to close the under-utilised organic beds at Walton Hospital and relocate the existing 12 older adult functional mental health beds from Pleasley Ward to the ward that will be vacated at Walton Hospital.

Both of the existing services are based in Chesterfield. Walton Hospital is approximately three miles away from Chesterfield Royal Hospital, where Pleasley Ward is based. There are currently 12 beds at Pleasley Ward and this move will involve no reduction in the level of service offered for functional mental health patents. The ward at Walton has single rooms with en-suite bathrooms, in line with national guidance. No other viable cost-effective solution has been identified as an alternative base for the functional mental health beds in Northern Derbyshire.

### **Walton Hospital**

Walton Hospital is a modern community Hospital in Chesterfield and provides a wide range of outpatient specialties in clinics housed in the purpose-designed Peter McCarthy Suite, which was officially opened in 2016. This includes nine clinical outpatient consultation rooms, group therapy areas and a gym.

The hospital also provides specialist inpatient accommodation for dementia patients who need to be looked after in an inpatient setting. The need for these type of beds has reduced following the successful introduction of the DRRT in the north of the county, meaning a greater number of people can be safely cared for in their familiar home environment. Walton Hospital is approximately three miles drive from Chesterfield Royal Hospital. The nearest buses to Walton Hospital (Bus 39 and X17) stop approximately three-minute walk from the site. There are ample on-site parking facilities which are free of charge while being accessible for both staff and patients.

There is a temporary small catering facility where staff can buy snacks, light meals and drinks. A purpose-built kitchen and dining room is planned for late 2022. Spiritual needs will be catered for and arrangements can be made on an individual basis for anyone who requires quiet space for spirituality/prayer.



*Images of the facilities at Walton Hospital*

## Southern Derbyshire

Plans had been developed to consult about the proposed move from Ward 1 at London Road Community Hospital to Tissington House at Kingsway Hospital in Spring 2020, but due to the COVID-19 pandemic, this engagement was paused.

In the consultation planned for Spring 2020, it had been identified that the functional mental health beds based at Ward 1 needed to be relocated for a number of reasons. Colleagues and patients were increasingly isolated from other mental health services, predominantly based at Kingsway Hospital, and the facilities offered were in need of improvement in order to aid patient experience. This included being able to provide single, en-suite rooms to each patient within the service. It was identified that making the necessary improvements to Ward 1 would be cost prohibitive, particularly given the age of the estate and the limitations regarding space.

Tissington House is a modern, purpose built mental health facility with capacity for 18 beds in a calm, specialised healthcare environment at Kingsway Hospital in Derby. Tissington House was temporarily vacant, due to a reduction in the need for organic mental health beds following the introduction of the Dementia Rapid Response Team (DRRT) in 2015.

Tissington House was therefore identified as the only viable solution that offered the range of benefits the services at Ward 1 needed, including the ability to offer patients single room provision. The “do nothing” option would result in the service staying in a location where the necessary improvements in service user experience could not be achieved.

In June 2021 Ward 1 services were temporarily relocated to Tissington House at Kingsway Hospital in Derby, which has recently been refurbished to the most current mental health standards, as University Hospitals Derby and Burton (UHDB), who own the London Road Community Hospital site, requested Ward 1 as part of their COVID response. Since this date Ward 1 has been adapted by the hospital as an outpatient lymphoedema clinic. This temporary move was agreed by both the City and the County Adults Health Scrutiny Committees as a necessary response to the challenges presented by the COVID-19 pandemic.

The availability of Tissington House has provided a unique opportunity to relocate Ward 1 older adult inpatient mental health services into a bespoke, modern facility within a therapeutic, green environment that offers wider facilities including a restaurant and multi-faith chapel.

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.

The temporary move to Tissington House has been overwhelmingly positive for patients, carers and staff and this consultation proposes making this relocation a permanent move.

#### Feedback on the interim move to Tissington House

Positive feedback has been received from patients, carers, relatives and staff since the service temporarily moved to Tissington House in June 2021.

Feedback has included:

- People feeling safer when arriving and leaving the facility
- Easy access to free car parking
- Positive feedback on the Kingsway Hospital restaurant
- An improved overall environment with brighter décor and access to green space and gardens.

Co-location with the Trust's inpatient dementia services has led to better care for patients due to:

- Increased joint training of staff
- Share expertise across the site
- Improved availability of parking
- Greater staffing resilience across the units.



*Images of Tissington House, including the dining facilities and courtyard*

#### **Bed numbers**

Historically older adult functional mental health services were offered at both Ward 1 and Ward 2 at London Road Community Hospital. This comprised 36 beds.

Due to positive developments within the community, Derbyshire Healthcare NHS Foundation Trust have successfully been able to support an increased number of people at home, reducing the need to come into hospital. This is a positive development as we know that people, particularly older

adults, benefit from being supported in a familiar home environment, where they can often benefit from the support of family and friends.

In 2016 demand for the older adult functional mental health inpatient beds had decreased to the extent that the services were consolidated on one ward, Ward 1. Whilst the option remained to reopen Ward 2, this was not required due to the decreased demand on the inpatient service.

In 2018 University Hospitals Derby and Burton requested use of Ward 2 and it is currently being used to offer end of life care to local people. This consultation seeks to gain any wider feedback on the new model of care being provided to older adults, and the increase in community based support.

From 2018 Ward 1 operated with 18 beds (with flexibility to increase this to 20 if required). This reduced to 17 beds in March 2020 in order to adhere to social distancing requirements. Since June 2021 the services at Tissington House have operated within a capacity of 18 beds.

### **Kingsway Hospital**

The majority of the Kingsway Hospital site was rebuilt and redeveloped during 2009/10. As such, inpatient areas, including those at Tissington House, are offered from modern, purpose-built environments for mental health services.

The atmosphere is calm, with open access to green spaces and landscaped gardens. This therapeutic environment would be almost impossible to recreate in an urban environment like London Road.

The experience for visitors at the London Road site can be problematic. Parking is limited and both on-site parking and on-road parking are closely regulated and involve payment charges. Parking at the Kingsway site is free for visitors and has greater availability, particularly in the evening.

Whilst the London Road Community Hospital site is very close to the city centre, it is not easily accessible by public transport from other parts of the city and other areas across southern Derbyshire. People using public transport will usually have a 10-15-minute walk from the bus station out to London Road, or a change of bus. Whilst Kingsway Hospital is not on a current bus route, the bus services to the Royal Derby Hospital site are numerous at most times of the day and visitors would then have a 10-15-minute walk to Kingsway Hospital.

## **The development of community based support**

### **The Dementia Rapid Response Team**

In 2015 Derbyshire Healthcare NHS Foundation Trust introduced a new, Dementia Rapid Response Team (DRRT) to provide a community-based service as an alternative to hospital care during times of crisis. The DRRT was first introduced in Southern Derbyshire and there are now three separate teams providing a comprehensive service to all areas within Derbyshire.

The primary aim of the DRRT is to improve the wellbeing of people with dementia at times of crisis, by delivering rapid assessment and intensive support. In the process,

the team aims to reduce the need for admission into specialist dementia hospital beds. Evidence suggests that people with dementia are best supported within their home environment where possible, as admission to hospital can be confusing and have a detrimental effect.

The service is delivered in an individual's home, wherever that home may be. The team is flexible and highly responsive, providing a same-day response. The service is available Monday to Friday between the hours of 8am - 8pm and also between 9am - 5pm on Saturday and Sunday.

The DRRT works closely with local Community Mental Health Teams (CMHTs) to support continued care in people's own home and they also work closely with inpatient services to support timely discharges including transfer into 24 hour setting where appropriate.

The service starts with a specialist assessment. From there, an individual person-centred plan of care is developed, in collaboration with the service user and their carers. Where home treatment is part of the plan, intensive support will be provided. This can be up to four times a day and for seven days a week. Although the majority of service users receive two intervention calls per day for six weeks, this is very much led by the individual's needs. The DRRT is provided by a multi-disciplinary team which includes mental health nurses, psychiatrists, occupational therapists and health care assistants.

The assessments, interventions and treatments offered by the team are informed by evidence-based best practice (from research and guidance including that provided by the National Institute for Clinical Excellence – NICE).



## Patient feedback following the introduction of the DRRT

*'My husband was unwell, and I did not know how to handle the situation, or how we were going to face the future. Our GP suggested the DRRT. I was a little sceptical, but they called the same day and offered to come out right away. That's where our lives took a change for the better. They listened to the problems, gently reassured us and, through hours of visits, managed to tease out the knots of what was a chaotic, highly distressing time.'*

*'Every staff member who has visited, telephoned, emailed has been absolutely brilliant in their professionalism, approach, interest, integrity and just downright caring attitude. The team's doctor took on board my concerns. Staff are facing immense challenges with COVID-19, but throughout every contact with the DRRT, they have made a world of difference to us. To them we might only be one case (although they never treat you like that!!) but to us, we will forever be so thankful that they were there when we needed them more than anything. Thank you to each and every colleague on the DRRT.'*

*'The DRRT really took the effort to ensure we fully understood and had the chance to put forward our thoughts and feelings. Mum's wellbeing really mattered and I was kept fully informed by the same person, so a relationship of trust was built. I could not have managed the past few weeks without their help, support, care and advice! Thank you.'*

*'My husband, who has Alzheimer's Disease, went missing whilst I was at work. It was dark outside, pouring with rain and freezing cold. I had to call 999 and he was found a couple of hours later, soaking wet, bedraggled, covered in mud, injured - and mentally completely out of it.'*

*'I did not know how to handle the situation, or how we were going to face the future... I admit I thought "this is it". The DRRT called the same day and offered to come out right away, but I was reluctant as it was dark and late and turned them away. Then my husband became very upset, and I called them back. They came out straight away!! And that's where both our lives took a change for the better. They actively LISTENED to the problems, gently reassured us and through hours of visits, managed to tease out the knots of what was a distressing time in our lives. Never once did they point a finger at me for not supporting him enough etc. It didn't matter what the problem was, or what time, they were fantastic.'*

### **The In-reach and Home Treatment Team**

In 2018 a new In-reach and Home Treatment Team (IRHTT) was introduced to offer similar community-based support to the DRRT, but for people with functional mental health needs.

The team provides intensive in-reach and home support for all appropriate referrals from the older adult, functional inpatient areas. They offer a short, focused intervention in order to support discharge from hospital. The team also provide specialist home treatment to ensure ongoing psychological interventions are provided, which reduce the risk of readmission to hospital.

In addition, the team also provide rapid, specialist assessments and homebased support to people who are entering a more acute phase of their illness and who may require more intensive support to prevent a hospital admission.

This service has been evaluated and it has been identified that its introduction has had many positive outcomes for patients. The number of unnecessary hospital-based admissions has decreased and people have benefitted from a wider range of treatments/services available in their home environment. The IRHTT operates seven days a week between 9am - 5pm. The team works closely with Community Mental Health Teams to support continued care in people's own home. The team also work closely with inpatient services to support timely discharges, including transfer into 24 hour settings where appropriate.

Patient feedback following the introduction of the IRHTT

*'The team have been very supportive and through getting to know the staff that visited me at home, I have been able to begin to open up about my illness'.*

*'The team made my discharge to the community team a lot easier. I felt overwhelmed but the team took the time to explain the next stage of my recovery and listened to my concerns, giving reassurance where it was needed. I really appreciate their input at what was a difficult time for me'.*

*'I can only speak highlight of the support given to my husband in the months leading up his hospital admission. Without this support I would not have been able to carry on and support him as long as I did at home and I would have ended up in hospital myself with the amount of carer stress I was under. We were both very happy for the team to become involved again when he came out of hospital. They have given us some invaluable information about how we can both be supported'.*

## **Understanding the options for the Older People Mental Health Service**

On 30 September 2021 it was announced that there would be £80million investment for the development of new mental health facilities across Derbyshire.

This means that new facilities will be built to support adults who require acute support for their mental health needs in both Derby and Chesterfield. The new hospitals will provide patients with single bedrooms, with en-suite bathroom facilities, while they are in the Trust's care.

The development will also include the creation of a new Psychiatric Intensive Care Unit (PICU) in Derby, which will reduce the need for people who require this greater level of support to travel outside of the county, which is the current arrangement.

Ifti Majid, the Derbyshire Healthcare Foundation NHS Trust Chief Executive, commented on the new plans:

“This investment is fantastic news for the people of Derbyshire and allows us to provide a better environment in which people can receive support for their mental health needs. Our current services at the Radbourne Unit in Derby and the Hartington Unit in Chesterfield currently provide care to people through dormitory style accommodation and I am delighted to be able to confirm that we will be able to offer our patients improved privacy and dignity through these new developments.

“Many trusts across the county have already received investment to improve their facilities in this way and I'm delighted that we will be able to offer local people modern, purpose built accommodation which I know will aid their recovery and mental wellbeing.

“It is not ideal for local people to have to travel outside of Derbyshire to receive support for their mental health needs and the new PICU development will also mean that we can provide care closer to home, which is so beneficial to our patients and their families.”

This investment is a once in a lifetime opportunity to update and provide new facilities to support adults who require acute support for their mental health needs in both Derby and Chesterfield. The new facilities will provide patients with single bedrooms, with en-suite bathroom facilities, while they are in the Trust's care.

Due to this opportunity it was decided to consult with patients and the public on this single option and ensure that the findings would be included in the outline business case for the wider programme of development.

## **How did we ensure our processes for working with the local population were robust?**

As explained in the background information an assessment was undertaken on how many people currently access the service. It is clear to see that the usage of beds is small and with the increased support provided by community services it was seen that there needed to be greater focus on those who could need the service in the future alongside providing opportunities for those people already accessing the service.

### **Those accessing the service**

Information including hard copies of the questionnaires were made available at Tissington House where patients have temporarily been moved to. Staff were asked to ensure that those accessing services and carers or family members were aware of the request for feedback.

### **EQUAL- Patient and Carer Forum**

The Equal Group has been involved in the wide programme of eradication of dormitories but also in this consultation. In December 2021 the Senior Responsible Officer for the Acute Care Capital Programme attended a meeting to run through a presentation on the overall Dormitory Eradication and PICU programme and Public Consultation on Older Adult Services relocation. Feedback from this session is included in the what did people tell us section below.

### **Potential future service receivers and the Public**

Information was made available to the public through both the Derbyshire Healthcare NHS Foundation Trust and the Derby and Derbyshire Clinical Commissioning Group websites. The launch on the 1<sup>st</sup> December 2021 was online and through email to key stakeholders. Stakeholder mapping took place to ensure that the consultation materials reached people with an interest in mental health services, supported current or potential service receivers, represented communities and those supporting communities such as carer organisations and the Police.

In addition there was an opening of the consultation on Social Media followed by updates every 2 weeks and a final last day to respond reminder which were issued by Derbyshire Healthcare Foundation NHS Trust and re shared by Derby and Derbyshire Clinical Commissioning Group.

Two discussion sessions with CCG and Derbyshire Healthcare NHS Foundation Trust managers were also offered for:

- Thursday 13 January 2022 1pm – 2.30pm
- Tuesday 25 January 2022 10am – 11.30am

No one chose to attend the sessions so they were cancelled.

In addition, the consultation was specifically highlighted in:

- Derbyshire Dialogue (supporting people with mental illness session) Tuesday 18<sup>th</sup> January
- JUCD stakeholder email December 2021
- JUCD newsletter January 2022

### **Other ways to feedback**

In addition to the formal, structured feedback through the consultation surveys and attendance at the EQUAL Group there was an offer to feedback in other ways that suited people better and this resulted in 3 email responses.

First response detailed concerns about transport from a family member of someone currently in care on the Kingsway Hospital site. The email was acknowledged and confirmed that feedback would be included in the consultation report.

The second was from the Derbyshire Constabulary Mental Health Lead who whilst generally supportive of the move had some queries and concerns. The Derby and Derbyshire CCG Acting Assistant Director of Mental Health Commissioning contacted the respondent and invited him to be part of the stakeholder forum that will be established if the outline business case is approved, and the build goes ahead.

The third email detailed concerns from the chesterfield and NE Derbyshire MH Carers forum to which the Carolyn Green, Executive Director of Nursing & Patient Experience, Derbyshire Healthcare NHS Foundation Trust offered to listen and discuss via phone.

### **Key stakeholders**

Stakeholder mapping identified the following groups as key:

- Joined up Care Derbyshire System leaders
- Politicians
- Derby City and Derbyshire County Council
- Governors of Healthcare providers
- Local Councillors
- Current care providers
- Carer organisations
- Unions
- Voluntary and Charitable sector organisations
- Organisations supporting diverse communities and individuals
- Local Health Forums
- Derby City and Derbyshire County Healthwatches
- Planners
- Police

A full list of stakeholders can be found in appendix 1.

### **Health and Overview Scrutiny Committee- City and County**

To ensure processes for consultation were robust, Officers from both the CCG and Derbyshire Healthcare NHS Foundation Trust have spoken with the Derbyshire Improvement and Scrutiny Committee. This has included explaining the wider Dormitory Eradication Programme, of which these proposed moves are an integral part. Each relevant council has a health overview and scrutiny committee (in Derbyshire called Improvement and Scrutiny) dedicated to scrutinising local NHS policy, planning, and impact against local needs and inequalities. The Committee is made up of councillors and thereby has democratic legitimacy. The involvement of the Committee was to check out our plans and to ensure any queries raised by the Committee were being addressed. Due to the small numbers of current service receivers and the ability to consult with the public robustly through stakeholder mapping it was agreed that a 60 day consultation would be appropriate.

Officers will be returning to the next Committees or provide a written update on the wider programme of work and this specific consultation.

## **Digital analysis**- 1<sup>st</sup> December 2021-1<sup>st</sup> February 2022

### **Web pages**

\*Unique View is the number of unduplicated (counted only once) visitors to the website over the course of a specified time period\*

Page views (Derbyshire Healthcare NHS Foundation Trust consultation and engagement pages)

557 with \*495 (unique page views)

### **Social Media**

The consultation was launched on social media and then a reminder was posted every 2 weeks by Derbyshire Healthcare NHS Foundation Trust and further shared by Joined up Care Derbyshire. An additional post was done the day before the end of the consultation to remind people that they still had an opportunity to feedback.

## **What did people tell us?**

In total feedback came from:

23 Online responses

5 Completed Surveys from Tissington House

3 Emails

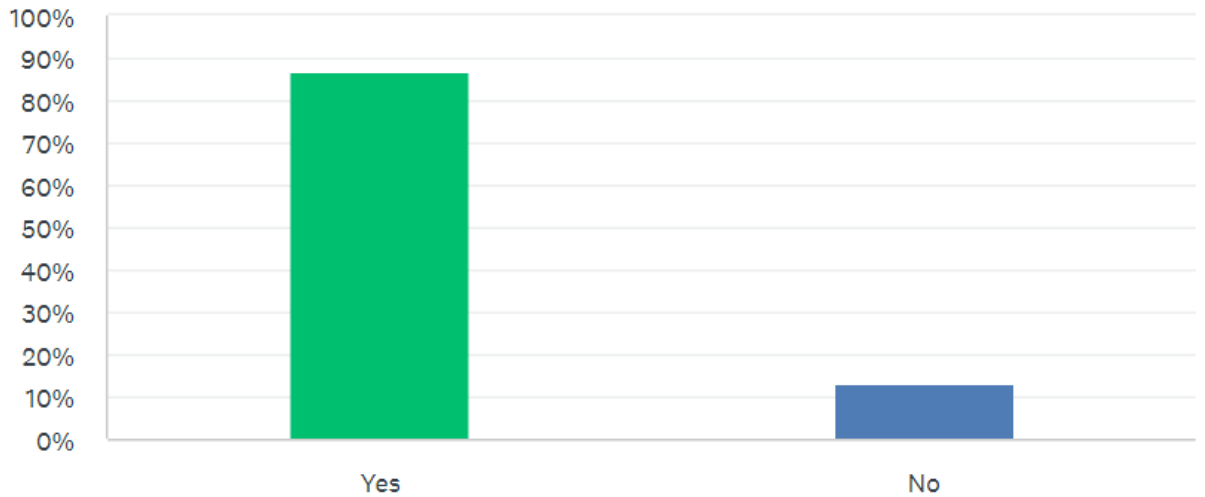
Discussion at EQUAL

### **Online responses**

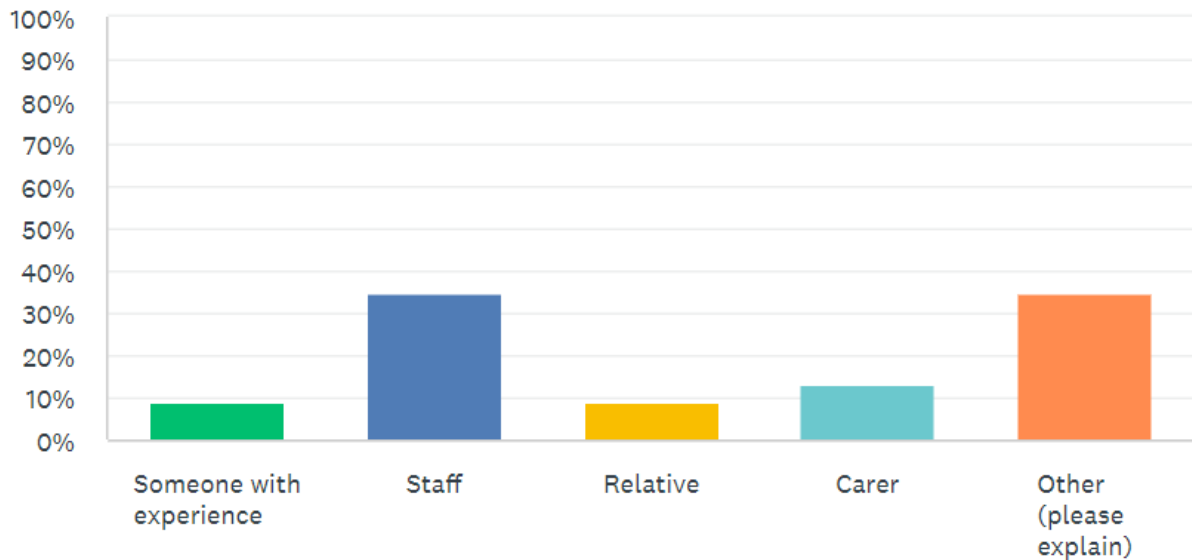
For the online surveys additional questions were asked to understand if people were responding as a member of the public or as someone with experience of services. Therefore the analysis has been separated into those completing online questionnaires, current service receivers and other feedback then a complete analysis at the end of this section incorporating every piece of feedback.

**Due to the small number of responses the verbatim comments are provided in the responses below.**

#### **1. Do you have experience of Older People Mental Health?**



## 2. Who are you responding as?



For those who responded in the other section they were either through work (current non-clinical staff or ex-staff) or on behalf of family members.

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

Good idea. Better environment and nearer to other support from clinicians.

If a better standard of care can be provided by relocating to another unit then it should go ahead.

Positive move providing better facilities for service users

I have no experience of mental health facilities and services available at London Road or Kingsway, however my immediate concern is the issues around accessing Kingsway, either through public transport or by car. Whenever I have had cause to visit Kingsway by car it has been extremely difficult to park and additional stress involved in parking

fees escalating due to potential extended timescales relating to over run appointments etc. While this doesn't impact on standard and level of services provided it may well impact on anxiety and stress levels. Also, the sheer size of Kingsway, along with the bustle etc may cause issues? I appreciate it is not always possible to provide premises which are appropriate to all needs and requirements but perhaps look at some way in which the impact of attending Kingsway can be lessened regards anxiety and stress? I agree and have no concerns.

Moving ward 1 to Tissington has worked well, it has bought the service together with others rather than being isolated at ward 1

I believe that this idea is good for the patient group and will allow services to be beneficially bought together with chances for easier collaboration and training between different staff when needed. Transfers from one service to another ie functional mental health to organic, will be better for the patient as it would be on one site. Senior staff will be able to act as advisors for each other on the different pathways when needed.

The London Road/Ward 1 change seems like a straight swap - I have no particular comments on this.

Good idea. Nearer to other MH support services, including pharmacy.

Good idea.

I think that is a good idea. Hopefully it will be easier for relatives to visit due to available free parking and should still be accessible for those needing to use public transport. Increased practicality to have wards within one site

Moving services to the current Kingsway site is a positive move, especially if the accommodation is to modern single, en-suite, rooms. Hopefully there will be RCN levels of staffing and easy access to psychotherapy rather than a bog standard level of, essentially, custodial care as is so often the reality of in-patient care for older people. The interactions with community based teams sound like the Trust has generated the right mix of care and treatment. Placing Functional and Organic patients in the same building can lead to economies of scale and increased communication and better options for care and treatment especially of co-morbidities.

Yes much better to be at Kingsway. Better location, nicer ward, parking easier (not so good for public transport) . On site with other MH services, nearer to Radbourne Unit so less travel time for ECT patients.

**Please share your comments on the proposal to permanently relocate older adult functional mental health services from Pleasley Ward at the Hartington Unit to Walton Hospital.**

Move from Pleasley to Walton makes sense as it will allow for expansion

Positive move to provide better facilities for service receivers



Sensible: shared site, free parking

The move of Pleasley to Walton also makes sense thus allowing for expansion at Hartington

I cannot comment on the Derby proposals, but have concerns about moving mental health services for older people from Hartington at the Royal Hospital to Walton hospital. Providing en-suite personal rooms sounds great but I worry that services are being moved from a fairly central spot to an out of town spot which may be more difficult for patients and relatives to access. Not everyone drives and the ones who do often have to give up driving as they get older. Bus services are becoming increasingly scarce and various services may not connect at the right times, or run very frequently, especially within rural areas and some services have been completely withdrawn. Taxis are fine if available and affordable, remember that many elderly people are on very low incomes. Some people may be able to call on friends or relatives to drive them to the hospital and back but some elderly people have no one to rely on.

I worked on Pleasley many years ago as a newly qualified nurse and completely understand and support the reasons for separating older adult/working adult beds but I do have a few questions about the Pleasley move - I believe it's a 24 bedded ward, which accommodates both working age & old adults. I'm not sure what the current commissioning is in terms of bed ratios for working age/older adult, and the consultation doesn't say what will happen to the working age beds and I don't know what the plans are for this new facility that's being built. In my role now, I am very concerned about anything which might negatively impact on the number of student MH nurses that can be supported by the trust. Could we lose some beds & end up with a smaller ward, which would potentially reduce the number of students that could be supported? Or, will the beds might go to the other two wards at the Hartington Unit. Would those wards then be able to take additional students? Or are the plans to completely changing the wards/beds/layout for working adults in this new development?

Anything which potentially reduces the number of student nurses the trust can support needs to be considered very carefully as Derbyshire Healthcare is already losing large numbers of student nurses to private providers. Staffing in Chesterfield is traditionally especially challenging. Conversely, if this provides an opportunity to expand and create new, innovative placement areas, then this would be a welcome bonus. It is difficult to tell from the detail provided.

Think it would be beneficial for all parties to move older patients to a specialist unit at Walton Hospital.

I work in Chesterfield so best placed to comment about the proposal for north Derbyshire than in Derby. From what I've seen, all old age services in one place (outpatient as well as inpatient) would be best for the patients. The atmosphere for older aged patients needs to be quieter and calmer and I think on one site this would be better achieved. This then in turn means adults are not mixing with older adults and in my opinion, needs for both age groups are best managed that way and results in a more respectful setting.

Staffing can be sorted more appropriately on a need/specialty basis.

### **Do you have any ideas that would further enhance these proposals?**

Making sure that patient facilities are equal or better than those provided to working age adults in resources and staffing.

That disabled toileting and bathing facilities are of high quality , with the right equipment and space provided are equal across all genders.

That manual handling equipment and storage facilities for this is planned and well resourced.

That adequate office and treatment area provision is made available and suitable for centralised services such as Physiotherapy and Dietetics.

That there is a central living space in the ward environment for socialising and group work with a separate dining area that is also multi-purpose.

There is a quiet space/low sensory space for down time for patients.

That there are suitable staff offices with enough laptop access. An adjustable high low (standing desk) available for staff to use.

### **Is there anything that concerns you? (Please specify which site you are referring to)**

Putting people with dementia with functional illness would be a concern

Recruiting enough staff, Providing car parking space for the extra staff

Making sure staffing is adequate for any transfer

### **Is there anything else you would like to add?**

Do it

### **Responses from Tissington House**

There were five responses from people or family/carers currently receiving care from Tissington House.

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

Better to get to by car. More accessible to travel to. Building layout a lot better for patients. Building is brighter. Courtyard gardens look nice.

London Road is very drab. This building is much newer and windows bring lots of light. Easier to get to and park.

There is less City bustle at Kingsway. Better air and the building is newer. Ward 1 didn't have much windows. Better and bigger ground and easier to get to.

Marvelous small unit so you can care for patient. Light/modern and cheerful. Good to go to in order to get better.

At London Road ward was isolated from Trust wards- at Kingsway support- support of other wards/staff. Improved medical cover. Better facilities for staff and patients. Longer ward with more rooms for patients use. Nice grounds to take patients out and view out of the window.

**Please share your comments on the proposal to permanently relocate older adult functional mental health services from Pleasley Ward at the Hartington Unit to Walton Hospital.**

Better for patients to have their own rooms and not bays.

I don't mind if it is nicer

Better for safety and dignity. Not nice to share ward/bay. Better for self-respect

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

Bus service if needed to the ward. It's far from a bus stop.

Parking is better and free at Kingsway.

No. Good as accessible. More garden space would be nice.

**Is there anything that concerns you? (Please specify which site you are referring to)**

Sometimes traffic is busy coming in at the end of afternoon visit.

No concerned, very impressed.

Road outside. Car park full. Pot Holes.

**Is there anything else you would like to add?**

The staff (at Kingsway) are very helpful. The grounds are great and we can take Dad out with the dog.

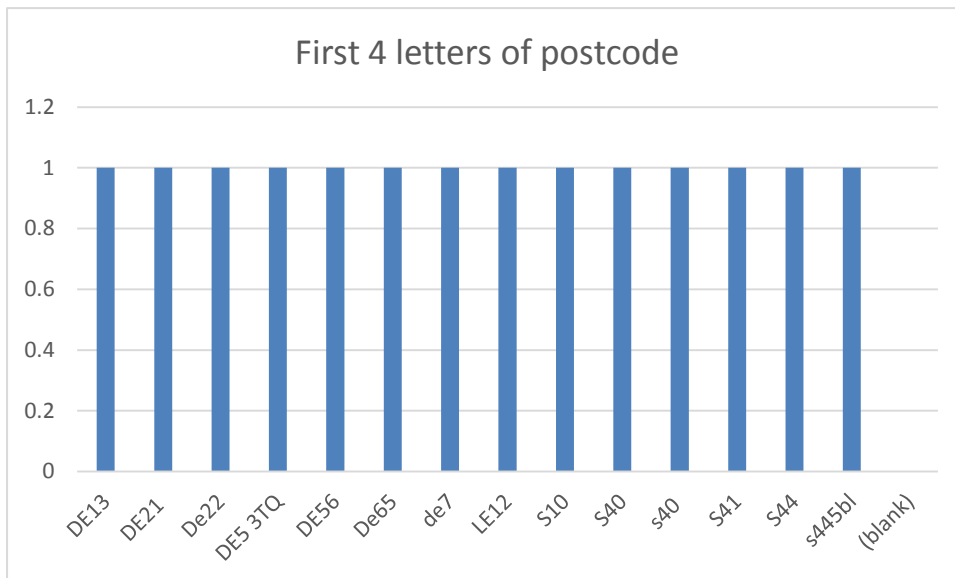
Staff very good and very well trained.

Improved patient care on Kingsway site due to larger wards and grounds. Support from other wards/bleep holder.

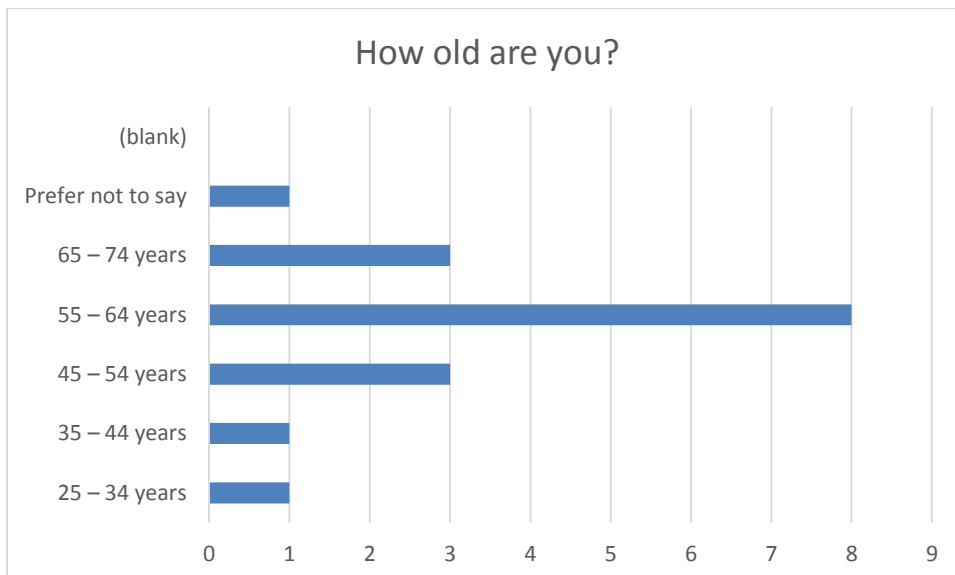
## Who responded to our consultation?

Those responding to the survey were asked to complete an Equality questionnaire so that we could understand who we had consulted with and if there were any groups missing. It also allows for a greater understanding if any negative experiences or feedback are related to any of the protected characteristics.

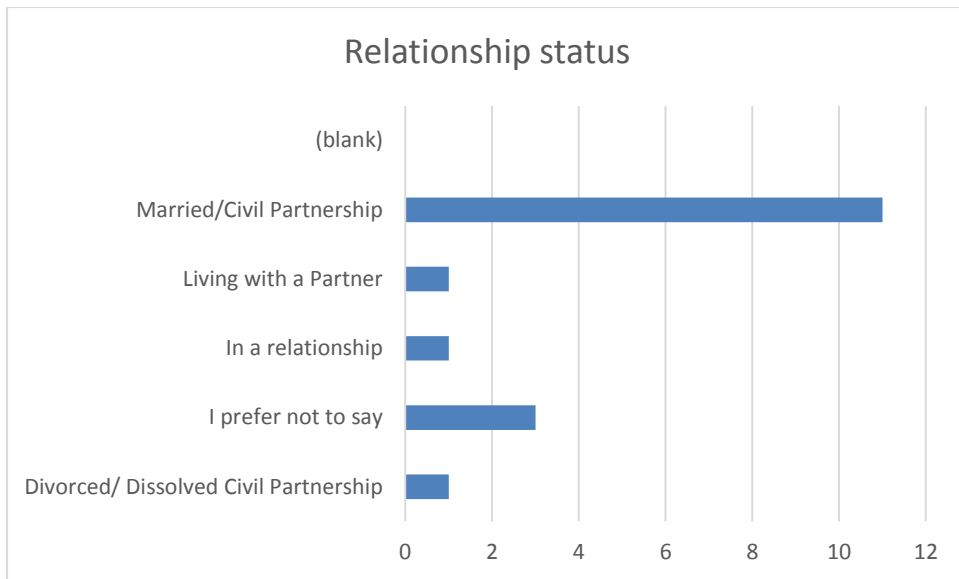
### Those completing the online survey



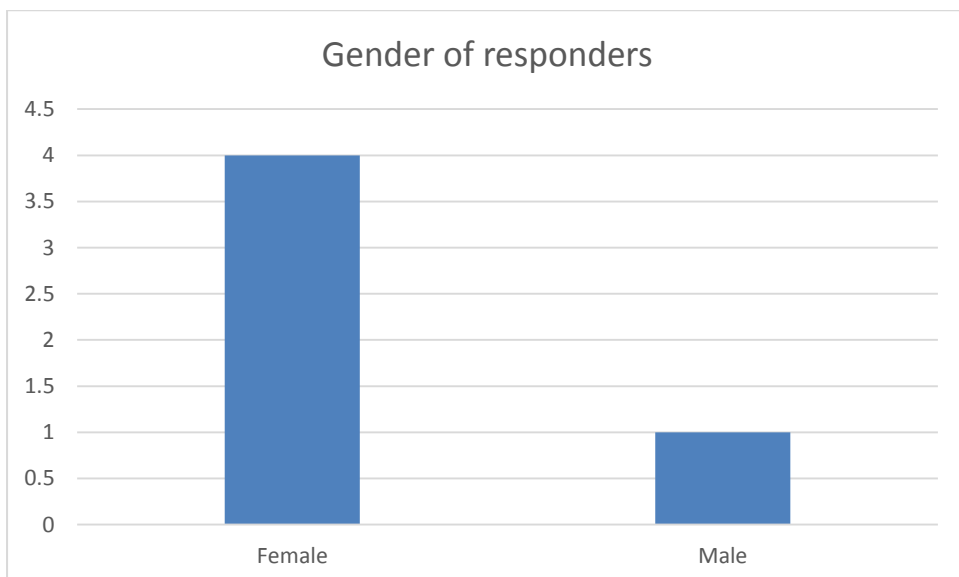
From the 23 responses 7 provided postcodes. These show a spread from across Derby and Derbyshire with one from Leicestershire.



17 responses were provided showing that the majority of responder were within the 55-64 year old age group. Assumptions can be made that the majority of responses were from working age people.

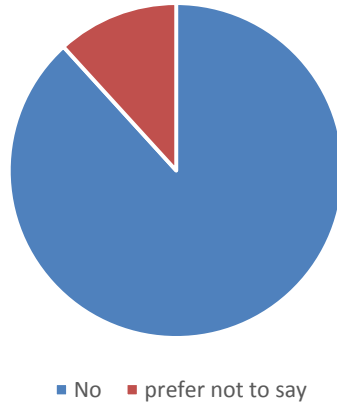


16 responses to this question with the majority being in a relationship and therefore the assumption can be made that they do not live alone.



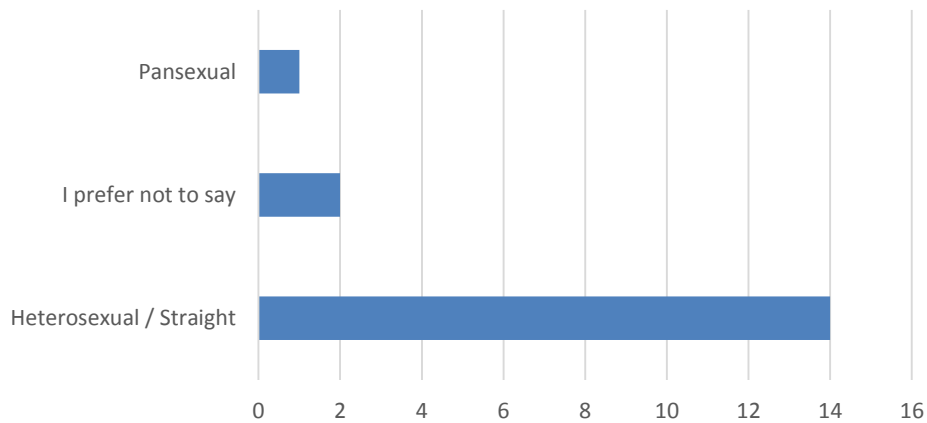
5 people responded as being female or male. The rest of the responders with 'preferred not to say' or did not respond to this question.

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to?

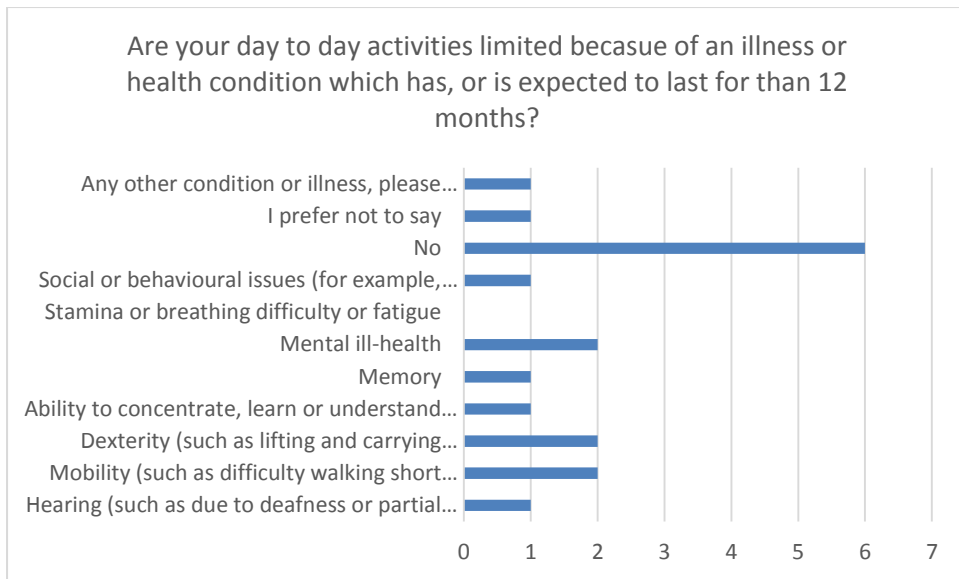


15 people responded that they had not gone through any part of a transitioning process. 2 people preferred not to say.

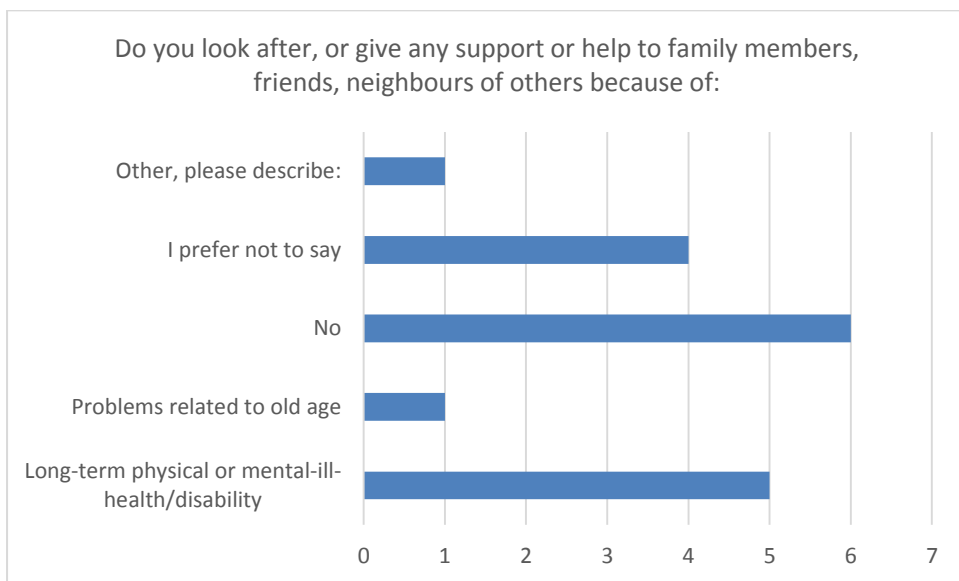
Please choose one option that best describes how you think of yourself:



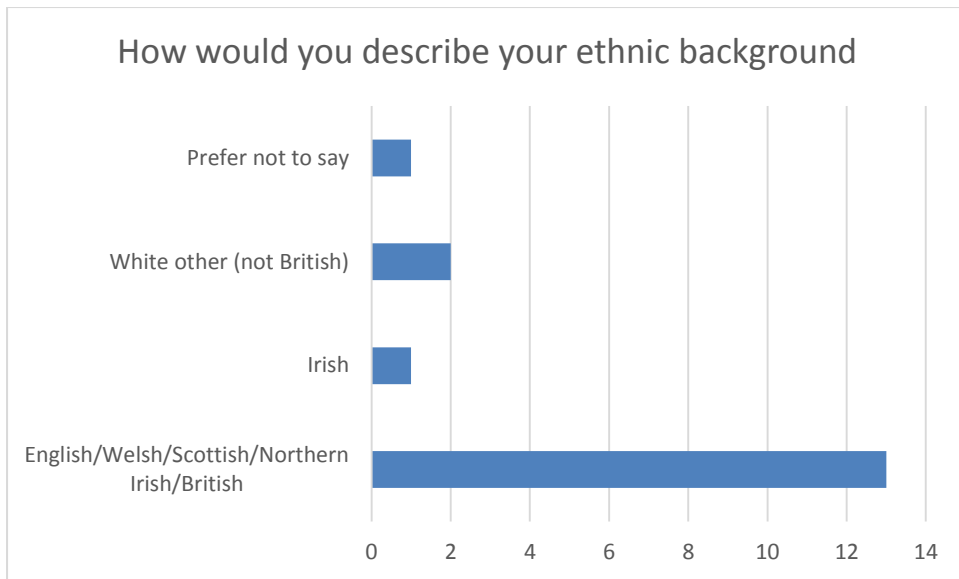
14 people responded that they were Heterosexual/straight, 2 people preferred not to say and 1 identified as pansexual.



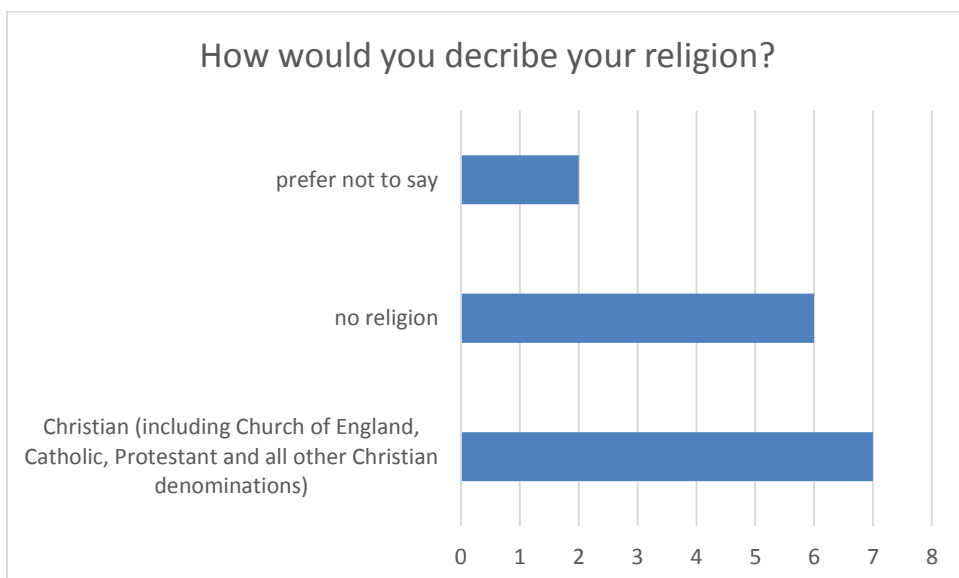
Most people responded to say that they did not have a health condition or illness. In addition to the classifications above one person stated that they have bipolar disorder but is well.



The majority of people identified that they were not carers with one person identified that their father has terminal cancer.



The majority of people identified as White British.



The majority of people identified as Christian or having no religion.

### People responding with experience of Tissington House

With so few people responding to the questionnaire and providing demographic information those responding could be identified and therefore the information they have provided will not be published.

### Representative response

The responses have been assessed against a draft Quality and Equality Impact Assessment (QEIA) . Whilst the responses provided are representative of those accessing the service it is recognised that the number of responses is low. This consultation is a small part of a much larger programme of dormitory eradication which



will include a significant of ongoing engagement and therefore people will have further opportunities to engage.

Once the QEIA has been assessed through panel it will be published along with this consultation report.

## Analysis

All of the feedback received including online surveys, return paper surveys, EQUAL discussion and the three emails have been read, analysed and themed to provide a report of what concerns and comments local people raised.

### General agreement

It is clear to see from all of the feedback that there is general agreement with the movement of both services from London Road Community Hospital to Kingsway and Pleasley Ward at Chesterfield Royal to Walton Hospital.

The reasons for general agreement can be themed as follows:

**Better facilities for patients** - moving to single rooms and bathrooms from shared facilities.

**More support for staff** - shared facilities mean more support for clinical staff.

**Calmer environment** - better for patients in the proposed new facilities.

**Experience** - those moved temporarily all report a better environment at the Kingsway site compared to London Road.

There were also some concerns highlighted through this consultation which have been themed and are taken point by point in the table below.

There were also some concerns highlighted through this consultation which have been themed and are taken point by point in the table below.

### Issues and mitigations

Issue	Response/mitigation	Responsible Officer
EQUAL- concern about separating older adults from working age adults	<p>Projection that eventually service design of all sorts will move away from age definitions and talking increasingly about neurodevelopmental services at one end of the age range and neurodegeneration at the other.</p> <p>In the meantime, we cannot move away from age definitions because these are still current within the NHS, the regulators and the Royal Colleges.</p> <p>There is still intrinsic value in the age definitions for example falls</p>	Medical Director Derbyshire Healthcare NHS Foundation Trust

	<p>prevention. The biggest risk that most people have as they get older is falls and the consequence of life changing injuries. These are less commonly fatal than they used to be but often lead to premature long term care in residential or nursing homes and the loss of independence, family contact and home life that that involves. Falls in hospital are generally more serious than in a domestic setting because of the unforgiving nature of the floors. This is one good reason why it's far better to avoid admission to hospital in the first place but if this is necessary then to create an environment that is as safe as possible. This is best achieved by having older and therefore frailer patients in the same environment where falls prevention is a top priority.</p> <p>However, if physically fit older age adults are being supported on the adult mental health pathway, then their hospital inpatient service location will be appropriate to this.</p>	
<p>Moving to Walton from current site MH Carers Community - Chesterfield &amp; N.Derbyshire. Fears that it is just to make room rather than a robust clinical decision.</p>	<p>Offer that Executive Director of Nursing meet with those concerned to discuss the changes and clinical rationale and visit the sites with them.</p>	<p>Carolyn Green Executive Director of Nursing and Patient Experience</p>
<p>Car parking at Kingsway- there is parking on site but concerns that this will not be enough. Also comment about condition of roads and car park at Kingsway.</p>	<p>It is recognised that the proposed changes would impact on car parking as it would be adding more services to the Kingsway site. Further information will be made available about car parking facilities at Kingsway and the conditions in the car park.</p>	<p>Geoff Neild, Programme Director, Dormitory Eradication</p>
<p>Travel to Kingsway- There is not a direct bus route to Kingsway site and therefore a 10-15 minute</p>	<p>It is recognised from a travel assessment done as part of this project that the proposed changes would impact on travel. This has</p>	<p>Geoff Neild, Programme Director,</p>

walk is required from the nearest bus stop.	specifically been highlighted in the move from London Road to Kingsway. A member of the project team is already reviewing this situation to understand any possible mitigations. Further information will be made available to the public shortly.	Dormitory Eradication
Travel- Walton Concerns that it could be an issue that it is out of town and not everyone drives	Further engagement work to understand from local people how they would travel to Walton and if public transport would be an issue	Claire Haynes Involvement Manager
Staffing concerns- a range of staffing concerns were highlighted in this consultation from an ex member of staff including model of care and student nurses. These comments are listed in the consultation document.	This consultation is a small part of a much larger development programme in irradicating dormitory style care in Derbyshire. Staff have already and will continue to be involved in this work. The specific concerns highlighted will be reviewed and further communications to the public will include more information about staffing to assure that these developments	Carolyn Green Executive Director of Nursing and Patient Experience
Police questions about perceived risks with patient groups	Agreement that Police will join development group of local stakeholders to engage and work through any mitigations as required	Jennifer Stothard Acting assistant Director of Mental Health Commissioning

## Next steps

This report will be used in the outline business case for the wider Dormitories eradication programme to illustrate the Legal Duty around public involvement have been met. General agreement can be shown with some areas of concern highlighted which have been highlighted, leads assigned and further work will be done and published on our website with specific discussions and updates to those highlighting concerns.

### Appendices

\*QEIA- will be published online alongside this report when approved at system wide QEIA panel\*

Appendix 1- Stakeholder list

		Date email sent	Date email sent
Bolsover MP	<a href="mailto:mark.fletcher.mp@parliament.uk">mark.fletcher.mp@parliament.uk</a>	01.12.21	12.01.22
Derby North MP	<a href="mailto:amanda.solloway.mp@parliament.uk">amanda.solloway.mp@parliament.uk</a>	01.12.21	12.01.22
South Derbyshire MP	<a href="mailto:heather.wheeler.mp@parliament.uk">heather.wheeler.mp@parliament.uk</a>	01.12.21	12.01.22
Erewash MP	<a href="mailto:maggie.throup.mp@parliament.uk">maggie.throup.mp@parliament.uk</a>	01.12.21	12.01.22
Derby South MP	<a href="mailto:margaret.beckett.mp@parliament.uk">margaret.beckett.mp@parliament.uk</a>	01.12.21	12.01.22
North East Derbyshire MP	<a href="mailto:lee.rowley.mp@parliament.uk">lee.rowley.mp@parliament.uk</a>	01.12.21	12.01.22
Amber Valley MP	<a href="mailto:nigel.mills.mp@parliament.uk">nigel.mills.mp@parliament.uk</a>	01.12.21	12.01.22
High Peak MP	<a href="mailto:robert.largan.mp@parliament.uk">robert.largan.mp@parliament.uk</a>	01.12.21	12.01.22
Mid Derbyshire MP	<a href="mailto:pauline.latham.mp@parliament.uk">pauline.latham.mp@parliament.uk</a>	01.12.21	12.01.22
Chesterfield MP	<a href="mailto:toby.perkins.mp@parliament.uk">toby.perkins.mp@parliament.uk</a>	01.12.21	12.01.22
Derbyshire Dales MP	<a href="mailto:sarah.dines.mp@parliament.uk">sarah.dines.mp@parliament.uk</a>	01.12.21	12.01.22
Derbyshire County Council	<a href="mailto:Jude.Boyle@derbyshire.gov.uk">Jude.Boyle@derbyshire.gov.uk</a>	01.12.21	12.01.22
Derby City Council	Paul.Simpson@derby.gov.uk	01.12.21	12.01.22
Derbyshire Health United	<a href="mailto:dhu.enquiries@nhs.net">dhu.enquiries@nhs.net</a>	01.12.21	12.01.22
Derbyshire Community Health Services	<a href="mailto:prem.singh@nhs.net">prem.singh@nhs.net</a>	1.12.21	12.01.22
Derbyshire Community Health Services	<a href="mailto:tracy.allen8@nhs.net">tracy.allen8@nhs.net</a>	1.12.21	12.01.22
Derbyshire Community Health Services	williamjones@nhs.net	1.12.21	12.01.22
Chesterfield Royal Hospital NHS Foundation Trust	<a href="mailto:helenphillips5@nhs.net">helenphillips5@nhs.net</a>	1.12.21	12.01.22
Chesterfield Royal Hospital NHS Foundation Trust	Angie.smithson@nhs.net	1.12.21	12.01.22
Chesterfield Royal Hospital NHS Foundation Trust	<a href="mailto:gail.collins3@nhs.net">gail.collins3@nhs.net</a>	1.12.21	12.01.22
University hospitals of Derby and Burton NHS FT	<a href="mailto:gavin.boyle@nhs.net">gavin.boyle@nhs.net</a>	1.12.21	12.01.22
Councillor Sharon Blank -	<a href="mailto:sharon.blank@chesterfield.gov.uk">sharon.blank@chesterfield.gov.uk</a>	1.12.21	12.01.22
Councillor Dan Kelly -	<a href="mailto:dan.kelly@chesterfield.gov.uk">dan.kelly@chesterfield.gov.uk</a>	1.12.21	12.01.22
Councillor Kate Sarvent	<a href="mailto:kate.sarvent@chesterfield.gov.uk">kate.sarvent@chesterfield.gov.uk</a>	1.12.21	12.01.22
Councillor Tricia Gilby Leader of the Council -	<a href="mailto:tricia.gilby@chesterfield.gov.uk">tricia.gilby@chesterfield.gov.uk</a>	1.21.21	12.01.22
Councillor Jill Mannion-Brunt Cabinet member for health and well being -	<a href="mailto:jill.mannion-brunt@chesterfield.gov.uk">jill.mannion-brunt@chesterfield.gov.uk</a>	1.12.21	12.01.22
Helen Fairfax, Planning Policy Manager, North East Derbyshire District Council	<a href="mailto:helen.fairfax@ne-derbyshire.gov.uk">helen.fairfax@ne-derbyshire.gov.uk</a>	1.12.21	12.01.22
Climate Control Officer – William Rolls -	<a href="mailto:William.Rolls@chesterfield.gov.uk">William.Rolls@chesterfield.gov.uk</a>	1.12.21	12.01.22
Chesterfield Civic Society - philip.riden@nottingham.ac.uk	<a href="mailto:philip.riden@nottingham.ac.uk">philip.riden@nottingham.ac.uk</a>	1.12.21	12.01.22
Chesterfield Cycle Campaign Mr Meikle - secretary@chesterfieldcc.org.uk	<a href="mailto:secretary@chesterfieldcc.org.uk">secretary@chesterfieldcc.org.uk</a>	1.12.21	12.01.22
DCC Highways - ian.turkington@derbyshire.gov.uk	<a href="mailto:ian.turkington@derbyshire.gov.uk">ian.turkington@derbyshire.gov.uk</a>	1.12.21	12.01.22

Derbyshire Wildlife Trust consultee for ecology matters - Planning@derbyshirewt.co.uk	<a href="mailto:Planning@derbyshirewt.co.uk">Planning@derbyshirewt.co.uk</a>	1.12.21	12.01.22
Governors UHDB	rachel.orton@nhs.net	1.12.21	12.01.22
Governors Chesterfield Royal	nicolasmith17@nhs.net	1.12.21	12.01.22
Governors DCHS	carolynpotter@nhs.net	1.12.21	12.01.22
Governors DHCFT	denise.baxendale@nhs.net	1.12.21	12.01.22
Angelique Foster	<a href="mailto:pccoffice@derbyshire.pnn.police.uk">pccoffice@derbyshire.pnn.police.uk</a>	<a href="#">1.12.21</a>	12.01.22
Gavin Tomlinson	<a href="mailto:reception@derbys-fire.gov.uk">reception@derbys-fire.gov.uk</a>	<a href="#">1.12.21</a>	12.01.22
Rachel Swann	ACPO@derbyshire.pnn.police.uk	1.12.21	12.01.22
Lucy Care	lucy.care@derbylibdems.org.uk	1.12.21	12.01.22
Mike Carr	mike.carr@derbylibdems.org.uk	1.12.21	12.01.22
Ajit Atwal	<a href="mailto:ajit.atwal@derbylibdems.org.uk">ajit.atwal@derbylibdems.org.uk</a>	<a href="#">1.12.21</a>	12.01.22
Paul Hezelgrave	<a href="mailto:paul.hezelgrave@derby.gov.uk">paul.hezelgrave@derby.gov.uk</a>	<a href="#">1.12.21</a>	12.01.22
Sue Bonser	<a href="mailto:Sue.bonser@derby.gov.uk">Sue.bonser@derby.gov.uk</a>	<a href="#">1.12.21</a>	12.01.22
Emily Lonsdale	Emily.lonsdale@derby.gov.uk	<a href="#">1.12.21</a>	12.01.22
Sharon Blank	_sharon.blank@chesterfield.gov.uk	<a href="#">1.12.21</a>	12.01.22
Dan Kelly	<a href="mailto:dan.kelly@chesterfield.gov.uk">dan.kelly@chesterfield.gov.uk</a>	<a href="#">1.12.21</a>	12.01.22
Kate Sarvent	<a href="mailto:kate.sarvent@chesterfield.gov.uk">kate.sarvent@chesterfield.gov.uk</a>	<a href="#">1.12.21</a>	12.01.22
Joseph Birkin	cllr.birkin@ne-derbyshire.gov.uk	<a href="#">1.12.21</a>	12.01.22
Pat Kerry	<a href="mailto:cllr.kerry@ne-derbyshire.gov.uk">cllr.kerry@ne-derbyshire.gov.uk</a>	<a href="#">1.12.21</a>	12.01.22
Martin Thacker M.B.E North East District Council	<a href="mailto:chairsoffice@ne-derbyshire.gov.uk">chairsoffice@ne-derbyshire.gov.uk</a>	<a href="#">1.12.21</a>	12.01.22
Cllr Jayne Sabido – Calow parish council	<a href="mailto:jaynesabido@hotmail.com">jaynesabido@hotmail.com</a>	<a href="#">1.12.21</a>	12.01.22
Dr Chris Clayton	<a href="mailto:Chris.clayton2@nhs.net">Chris.clayton2@nhs.net</a>	<a href="#">1.12.21</a>	12.01.22
JUCD	<a href="mailto:joinedupcarederbyshire@nhs.net">joinedupcarederbyshire@nhs.net</a>	<a href="#">1.12.21</a>	12.01.22
Richard Henderson EMAS	"HENDERSON, Richard (EAST MIDLANDS AMBULANCE SERVICE NHS TRUST)" < <a href="mailto:richard.henderson1@nhs.net">richard.henderson1@nhs.net</a> >	<a href="#">1.12.21</a>	12.01.22
Mill Lodge			12.01.22
Northants PICU			12.01.22
Professor Kathryn Mitchell Derby University	<a href="mailto:k.mitchell@derby.ac.uk">k.mitchell@derby.ac.uk</a>	<a href="#">01.12.21</a>	12.01.22
Paul Hardy – UNISON Lead Rep	<a href="mailto:Paulhardy2@nhs.net">Paulhardy2@nhs.net</a>	<a href="#">01.12.21</a>	12.01.22
Lee Fretwell - RCN Lead Rep & Staff-side Chair	<a href="mailto:Lee.fretwell@nhs.net">Lee.fretwell@nhs.net</a>	<a href="#">01.12.21</a>	12.01.22
Brian Austins - Unite Lead Rep	<a href="mailto:Brian.austins@nhs.net">Brian.austins@nhs.net</a>	<a href="#">01.12.21</a>	12.01.22
Shree Kota - CSP Lead Rep	<a href="mailto:Srikanth.kota@nhs.net">Srikanth.kota@nhs.net</a>	<a href="#">01.12.21</a>	12.01.22
Derbyshire Recovery Peer Support Service	<a href="mailto:DerbyshireRecoveryPeerSupportService@rethink.org">DerbyshireRecoveryPeerSupportService@rethink.org</a> ;	1.12.21	12.01.22
Head High	amanda.solloway@btinternet.com;	1.12.21	12.01.22
First Steps	<a href="mailto:kevin@firststepsed.co.uk">kevin@firststepsed.co.uk</a> ;	1.12.21	12.01.22
Age Uk	<a href="mailto:katy.pugh@ageukderbyandderbyshire.org.uk">katy.pugh@ageukderbyandderbyshire.org.uk</a> ;	1.12.21	12.01.22
Derby City Life Links	<a href="mailto:Chipo.Vera@RichmondFellowship.org.uk">Chipo.Vera@RichmondFellowship.org.uk</a> ;	1.12.21	12.01.22

Derby City Life Links	<a href="mailto:Julia.Hague@RichmondFellowship.org.uk">Julia.Hague@RichmondFellowship.org.uk;</a>	1.12.21	12.01.22
Derby City Life Links	<a href="mailto:Philomena.Temple@RichmondFellowship.org.uk">Philomena.Temple@RichmondFellowship.org.uk;</a>	1.12.21	12.01.22
LGBT+	<a href="mailto:info@derbyshirelgbt.org.uk">info@derbyshirelgbt.org.uk;</a>	1.12.21	12.01.22
Derby West Indian Community Association	<a href="mailto:g.mighty@dwica.co.uk">g.mighty@dwica.co.uk;</a>	1.12.21	12.01.22
Women's Work	<a href="mailto:dionnereid_womenswork@hotmail.co.uk">dionnereid_womenswork@hotmail.co.uk;</a>	1.12.21	12.01.22
Disability Direct	<a href="mailto:Amo.Raju@disabilitysyndicate.com">Amo.Raju@disabilitysyndicate.com;</a>	1.12.21	12.01.22
Erewash Voluntary Action CVS	<a href="mailto:stella@erewashcvcs.org.uk">stella@erewashcvcs.org.uk;</a>	1.12.21	12.01.22
YMCA Derbyshire	<a href="mailto:gillian.sewell@ymcaderbyshire.org.uk">gillian.sewell@ymcaderbyshire.org.uk;</a>	1.12.21	12.01.22
Age UK Derby and Derbyshire	<a href="mailto:katy.pugh@ageukderbyandderbyshire.org.uk">katy.pugh@ageukderbyandderbyshire.org.uk;</a>	1.12.21	12.01.22
Head High	<a href="mailto:amanda.solloway@btinternet.com">amanda.solloway@btinternet.com</a>	1.12.21	12.01.22
Alzheimer's Society (Chesterfield)	<a href="mailto:derbyshire@alzheimers.org.uk">derbyshire@alzheimers.org.uk;</a>	1.12.21	12.01.22
Citizens Advice Bureau (Chesterfield)	<a href="mailto:melanie.mallinson@chesterfieldcab.co.uk">melanie.mallinson@chesterfieldcab.co.uk;</a>	1.12.21	12.01.22
Citizens Advice Bureau North East Derbyshire	<a href="mailto:mail@nedcab.org.uk">mail@nedcab.org.uk;</a>	1.12.21	12.01.22
The Samaritans	<a href="mailto:jo@samaritans.org">jo@samaritans.org ;</a>	1.12.21	12.01.22
Community Action	<a href="mailto:kim.harper@communityactionderby.org.uk">kim.harper@communityactionderby.org.uk;</a>	1.12.21	12.01.22
Peaks & Dales Advocacy Forum	<a href="mailto:neil@ddcvcs.org.uk">neil@ddcvcs.org.uk;</a>	1.12.21	12.01.22
Relate	<a href="mailto:info@relatederby.org.uk">info@relatederby.org.uk ;</a>	1.12.21	12.01.22
Alzheimer's Society	<a href="mailto:derbyshire@alzheimers.org.uk">derbyshire@alzheimers.org.uk;</a>	1.12.21	12.01.22
Hope Centre	<a href="mailto:info@hopecentrederby.co.uk">info@hopecentrederby.co.uk;</a>	1.12.21	12.01.22
Disability Derbyshire Coalition for Inclusive Living	<a href="mailto:info@dcil.org.uk">info@dcil.org.uk;</a>	1.12.21	12.01.22
Stepping Stones	<a href="mailto:info@steppingstonesav.co.uk">info@steppingstonesav.co.uk;</a>	1.12.21	12.01.22
Hope Springs	<a href="mailto:hopesprings540431@gmail.com">hopesprings540431@gmail.com;</a>	1.12.21	12.01.22
Borderline Arts	<a href="mailto:contact@borderlinearts.org">contact@borderlinearts.org;</a>	1.12.21	12.01.22
Derbyshire Gypsy Liaison Group	<a href="mailto:siobhanspencer7@btinternet.com">siobhanspencer7@btinternet.com;</a>	1.12.21	12.01.22
Derby Pakistani Community Centre	<a href="mailto:info@pakistancommunitycentrederby.co.uk">info@pakistancommunitycentrederby.co.uk;</a>	1.12.21	12.01.22
Derbyshire Chinese Welfare Association	<a href="mailto:dcwassociation@outlook.com">dcwassociation@outlook.com;</a>	1.12.21	12.01.22
Upbeat Communities - Refugee organisation	<a href="mailto:hello@upbeatcommunities.org">hello@upbeatcommunities.org;</a>	1.12.21	12.01.22
Derby Refugee Advice Centre	<a href="mailto:janetr.fuller@btinternet.com">janetr.fuller@btinternet.com;</a>	1.12.21	12.01.22
Bosnian Centre	<a href="mailto:bihcommderby@hotmail.com">bihcommderby@hotmail.com;</a>	1.12.21	12.01.22
Derbyshire Recovery & Peer Support Service	<a href="mailto:DerbyshireRecoveryPeerSupportService@rethink.org">DerbyshireRecoveryPeerSupportService@rethink.org;</a>	1.12.21	12.01.22
Derbyshire Federation for Mental Health	<a href="mailto:mainoffice@dfmh.co.uk">mainoffice@dfmh.co.uk;</a>	1.12.21	12.01.22
Grapevine Wellbeing Centre, Buxton	<a href="mailto:welcome@grapevinebuxton.com">welcome@grapevinebuxton.com;</a>	1.12.21	12.01.22
Mental Health Together	<a href="mailto:enquiries@mentalhealthtogether.org.uk">enquiries@mentalhealthtogether.org.uk;</a> <a href="mailto:Niki.Glazier@healthwatchderbyshire.co.uk">Niki.Glazier@healthwatchderbyshire.co.uk</a>	1.12.21	12.01.22

Derbyshire Mental Health Forum	<a href="mailto:jodie@erewashcvs.org.uk">jodie@erewashcvs.org.uk</a> ;	1.12.21	12.01.22
Rethink	Hannah.staton@rethink.org;	1.12.21	12.01.22
Derbyshire Mind	<a href="mailto:jenny.hotchkiss@derbyshiremind.org.uk">jenny.hotchkiss@derbyshiremind.org.uk</a>	1.12.21	12.01.22
Derbyshire Voluntary Action	<a href="mailto:charlotte@dva.org.uk">charlotte@dva.org.uk</a> ;	1.12.21	12.01.22
Derbyshire Voluntary Action	<a href="mailto:rachel@dva.org.uk">rachel@dva.org.uk</a> ;	1.12.21	12.01.22
Healthwatch Derby	<a href="mailto:rebecca.johnson@healthwatchderby.co.uk">rebecca.johnson@healthwatchderby.co.uk</a> ;	1.12.21	12.01.22
Derby City Life Links	<a href="mailto:derbycitylifelinks@richmondfellowship.org.uk">derbycitylifelinks@richmondfellowship.org.uk</a> ;	1.12.21	12.01.22
Healthwatch Derbyshire	helen@healthwatchderbyshire.co.uk	1.12.21	12.01.22
Healthwatch Derby	steve.sudham@healthwatchderby.co.uk;	1.12.21	12.01.22
Derbyshire Federation for Mental Health	<a href="mailto:mainoffice@dfmh.co.uk">mainoffice@dfmh.co.uk</a> ;	1.12.21	12.01.22
First Steps	<a href="mailto:kevin@firststepsed.co.uk">kevin@firststepsed.co.uk</a> ;	1.12.21	12.01.22
Derby City and Southern Derbyshire MH Carers Forum	<a href="mailto:dcandsderbysmhcf@gmail.com">dcandsderbysmhcf@gmail.com</a> ;	1.12.21	12.01.22
Derbyshire Carers Association	rebecca.cooper@derbyshirecarers.co.uk;	1.12.21	12.01.22
50+ Forum	yourcityyoursay@derby.gov.uk	1.12.21	12.01.22
50+ Forum - Derbyshire County	joellis.marples@derbyshire.gov.uk		12.01.22
Links	james.lee@linkscvs.org.uk info@linkscvs.org.uk	1.12.21	12.01.22
Derbyshire Voluntary Action	info@dva.org.uk jacqui@dva.org.uk	1.12.21	12.01.22
High Peak CVS	hello@highpeakcvs.org.uk James@highpeakcvs.org.uk	1.12.21	12.01.22
Erewash CVS	enquiries@erewashcvs.org.uk stella@erewashcvs.org.uk	1.12.21	12.01.22
Derbyshire Dales CVS	enquiries@ddcvs.org.uk neil@ddcvs.org.uk	1.12.21	12.01.22
Community Action Derbyshire	enquiries@communityactionderby.org.uk kim.harper@communityactionderby.org.uk	1.12.21	12.01.22
Head of Engagement JUCD	karen.lloyd24@nhs.net	2.12.21	12.01.22
EQUAL Group	nosheen.asim1@nhs.net	2.12.21	12.01.22







**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH**

**7 March 2022**

**Report of the Director of Legal Services**

**Committee Work Programme**

**1. Purpose**

To inform Members of the proposed work programme for the Committee.

**2. Information and Analysis**

The Committee's business is predominantly concerned with the scrutiny of transformations to NHS services across the county. During the response to Covid, measures were put in place which affected the provision of a large number of services and saw the implementation of new ways of working.

Changes to how services are provided will be brought to the Committee when appropriate and these will dictate a large part of the Committee's work programme.

The Committee is also undertaking a review of Section 75 Agreements. The proposed timetable for the review is:

16 May - Progress Report from review Working Group to Committee  
July - Final Report to Committee

If the final report is accepted by Committee, any recommendations will be reported to Cabinet by the Committee Chairman at the next available Cabinet meeting.

**3. Consultation**

N/A

**4. Alternative Options Considered**

N/A

**5. Implications**

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

**6. Background Papers**

Documents retained by the Improvement and Scrutiny officers.

**7. Appendices**

Appendix 1 – Implications.

**8. Recommendation(s)**

That Committee notes and agrees the Committee's proposed work programme.

**9. Reasons for Recommendation**

To enable the Committee to control and develop its work programme.

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**Contact details:** jackie.wardle@derbyshire.gov.uk

**Implications**

**Financial**

N/A

**Legal**

The Committee has a duty to scrutinise major transformations to NHS services provided to Derbyshire people.

**Human Resources**

N/A

**Information Technology**

N/A

**Equalities Impact**

N/A

**Corporate objectives and priorities for change**

The Committee can influence and help develop health service provision across the county.

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

N/A

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