




DERBYSHIRE COUNTY COUNCIL

**DERBYSHIRE
ADULT CARE BOARD**

**THURSDAY 21 SEPTEMBER 2017
10:00 – 12:00 NOON
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK,
DERBYSHIRE, DE4 3AG**

A G E N D A

	<u>Time</u>	<u>Item</u>	<u>Lead</u>	<u>Information/ Discussion/ Decision</u>
		Apologies: Joy Hollister, Avi Bhatia, Gary Thompson, Jenny Swatton, Kath Walker, Kate Majid		
1	10:00am	Welcome & Introductions	Cllr Wharmby	
2	10:15am	Minutes and matters arising from the meeting held on 15 June 2017 (attached)  2017 06 15 - Adult Care Board Minutes (I	Cllr Wharmby	Information
3	10:30am	STP Update: Joined Up Care Derbyshire	Jenny Goodwin/All	Discussion
4	10:40am	Learning Disability Transforming Care Update	Jennifer Stothard	Information
5	10:50am	Healthwatch Update Report  Substance Misuse Report - update on pi <ul style="list-style-type: none">• Substance Misuse  Mental Health Crisis Report - update on pi <ul style="list-style-type: none">• Mental Health Crisis• Intelligence Report – to follow	John Simmons	Information
6	11:10am	DFRS Safe and Well Visits Presentation	Davinder Johal	Information
7	11.50am	AOB – to be notified during Welcome and Introductions please		

8	12:00noon	FINISH		
		The next meeting of the Adult Care Board will take place on Thursday 18 January 2018 at 10:00am in Committee Room 1, County Hall, Matlock.		

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD**MINUTES OF A MEETING HELD ON****THURSDAY 15 JUNE 2017 AT 10:00AM****DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ****PRESENT:**

Cllr Jean Wharmby (Chair)	JW	Derbyshire County Council Cabinet Member (Adult Social Care)
Cllr Wayne Major	WM	Derbyshire County Council Cabinet Support Member (Adult Social Care)
Joy Hollister	JH	Derbyshire County Council – Adult Care
Julie Vollor	JV	Derbyshire County Council – Adult Care
Jeff Lilley	JL	NED DC
Sarah Everest	SE	ND CCG
Jenny Swatton	JS	SD CCG
Stella Scott	SS	CVS
Jacqui Willis	JW	NDVA - Chief Executive
Cllr Val Custance	VC	Erewash BC
Jim Connoly	JC	Hardwick CCG
Isobel Fleming	IF	DCC, Erewash/ND/Hardwick CCGs
Karen Ritchie	KR	Healthwatch

IN ATTENDANCE:

Pam Greaves	PG	Derbyshire County Council - Adult Care (Minutes)
Debbie Garbutt	DG	Derbyshire County Council

APOLOGIES:

Eleanor Rutter	Adult Care Public Health
Karen Macleod	Derbyshire Probation
Kate Majid	ND CCG
Mat Lee	Derbyshire Fire and Rescue Service (DF&RS)
Clare Watson	Tameside & Glossop CCG
Narinda Sharma	Derbyshire Carers
Linda Dale	Childrens Services
Helen Dillistone (JS attending)	Southern Derbyshire CCG
Avi Bhatia	NHS

Roger Miller	Derbyshire County Council
Andy Searle	Safeguarding

Minute No	Item	Action
ACB 011/17	<p>WELCOME FROM CLLR WHARMBY (CHAIR)AND APOLOGIES NOTED</p> <ul style="list-style-type: none"> • Cllr Wharmby introduced herself and Cllr Major as the newly appointed Elected Members for Adult Care, and thanked everyone for coming. <p><u>MINUTES FROM THE MEETING ON 2 MARCH 2017 & MATTERS ARISING</u></p> <p>The minutes from 2 March 2017 were accepted as a true record.</p>	
012/17	<p><u>STP UPDATE: JOINED UP CARE DERBYSHIRE - JH</u></p> <ul style="list-style-type: none"> • Delivery of the plan had been delayed but now back on track • Brings together 21C (North) and Joined Up Care (South) and includes Derby City • Plan now out for consultation around Derbyshire • Tracey Allen now Snr Responsible Officer for the plan. • Leads include: <ul style="list-style-type: none"> ○ Joy Hollister – PLACE ○ Dean Wallace – Prevention ○ Rakesh Marwaha – General Practice Forward View ○ Tracey & 4 CCGs – Business Case ○ Andy Smith – Childrens and Maternity ○ Andy Gregory – Learning Disability ○ Ifti Majid – Mental Health • All to redefine plan and check deliverable with resources available. • 21C consultation already taken place and will go to the H&WB Board in June. • JW raised concerns around the stall of the plan and where the voluntary sector sits. <p>Feedback noted</p>	
013/17	<p><u>LEARNING DISABILITY TRANSFORMING CARE UPDATE - JH</u></p> <p>JH updated the group:</p>	

	<ul style="list-style-type: none"> • The majority of people now out of locked care. • Transforming care – cohort now includes children. • NHSE terms now in red due to admissions. This is the national trend and we are confident of recovery. • JH now Regional Lead and Mick Burrows is working full time on this project. <p>Update noted</p>	
014/17	<p><u>HEALTHWATCH UPDATE - KAREN RITCHIE</u></p> <ul style="list-style-type: none"> • Visit to DCC homes mainly positive and recommendations and responses can be found in the annual summary. • Plan to visit 13 homes unannounced and will revisit Substance misuse Centres. • Good practice guide for consultation has been published and shared with the Board. It will be piloted in Belper and then rolled out to Partners. Very helpful plan. • Pushing for 5 year forward plan for mental health services. • Thanks given to Healthwatch for their contribution. <p>Update noted</p>	
015/17	<p>DERBY/DERBYSHIRE TALENT ACADEMY UPDATE – DEBBIE GARBUTT</p> <ul style="list-style-type: none"> • DG updated the Board regarding the recruitment challenges facing DCC, Health and the private sector • Partners working together include: DCC; Derby City; DCHS; Derby and Chesterfield Royal hospitals; Health; EM PVI, Schools and colleges. • Parts of the PVI sector have a 40% turnover of staff where staff often move from one employer to another for small benefits. There is also a hierarchy within the health and social care employment sector. • Important to attract and recruit new staff and ensure they are well trained. • Leaflets and D2N2 packs distributed to schools and PVI sector • 2 Skills Fair events held in Swadlincote and Bakewell where a lot of information was available for both DCC and DCHS jobs. Health and Social Care event to be held in September where the voluntary sector is also invited • Task and Finish Group to be set up and anyone interested in attending will need to contact DG. 	

	<ul style="list-style-type: none"> • All partners providing apprenticeships to work together through the task and finish group. • Promotion of H&SC Pathway <ul style="list-style-type: none"> ○ Workforce modelling group - gaps identified ○ PVI – home care providers and home care ○ Resilience Group – Derby City focusing on social worker retention ○ Careers Service – TA promoting different social care posts ○ Recruitment Campaign – Promote health and social care careers and pathways • Suggested that young carers may want to visit the Skills Fairs too. <p>Noted</p>	
016/17	<p>AOB</p> <p>None</p>	
	<p>Dates of future Adult Care Board meetings:</p> <ul style="list-style-type: none"> • 21 September 2017, 10:00 – 12:00, Committee Room 1, County Hall, Matlock • 18 January 2018, 10:00 – 12:00, Committee Room 1, County Hall, Matlock 	



Joined Up Care Derbyshire (STP) Update

Welcome to the first Joined Up Care Update which will keep you informed of what is discussed at the Sustainability and Transformation Partnership Board. The updates will follow each meeting to provide you with more detail on all the latest developments.

Senior colleagues, chief executives and chairs from all 11 organisations involved in Joined Up Care Derbyshire (our Sustainability and Transformation Plan, or 'STP') have held the first board meeting and created a new governance structure to help transform health and care services in the county.

The new structure (replacing the Programme Delivery Executive Group) makes sure all organisations know how they work together to make decisions, supporting ongoing hard work to coordinate and improve health and social care across the whole of Derbyshire.

Derbyshire's System Performance Report and the Financial Recovery Plan has been considered by the board.

Providers and commissioners pledged to continue working closely together across health and social care systems, to make the changes needed to deliver care in the right place, in the right way, at the right time, while rising to the financial challenges faced – as elsewhere in the country.

As part of this Derbyshire's four clinical commissioning groups will work on one shared QIPP* plan and providers will work to one joint CIP* plan. This coordinated approach will mean teams can focus on specific schemes and all organisations can benefit from working together – preventing financial pressures from being moved around within existing structures and ways of working.

New ways of managing and sharing financial risk across the health and care system, including councils, providers and commissioners, will help everyone work towards having a financially stable system over the next few years.

The board agreed to prioritise and speed up the implementation of the plans set out in Joined Up Care Derbyshire and focus their organisations on the main projects, or 'workstreams'. This will help all 11 organisations start working together as a whole system on an everyday basis, with patient care and services at the heart of their focus, and move away from functioning as separate entities.

As a result over the next few months, staff in all organisations will start to see more people being asked to work on the workstream priorities.

If you are interested in getting involved in Joined Up Care Derbyshire or have a question please contact joinedupcarederbyshire@nhs.net

*QIPP - The Quality, Innovation, Productivity and Prevention programme is a national Department of Health strategy involving all NHS staff, patients, clinicians and the voluntary sector. It aims to improve the quality and delivery of NHS care while reducing costs and making efficiency savings. These savings will be reinvested to support the front line.

*CIP - Cost Improvement Programmes aim to reduce cost. A CIP is the identification of schemes to increase efficiency/ or reduce expenditure. CIPs can include both recurrent (year on year) and non-recurrent (one-off) savings. A CIP is not simply a scheme that saves money as there must not be a detrimental impact on patients.

Best wishes,

Paul Wood

Tracy Allen

Chair of Sustainability and Transformation Partnership Board

Interim Senior Responsible Officer for Joined Up Care Derbyshire

IN OTHER NEWS

Financial Boost

Following the announcement by senior health leaders this week that the NHS is pumping £325 million into new projects in 15 areas across the country, it was confirmed that Derbyshire would receive up to £30m for two local projects.

Derby Teaching Hospitals Foundation NHS Trust will now be able to move forward plans for an Urgent Care Village' which will incorporate GP services, a frailty clinic and mental health services to make sure patients receive the right care in the right place, first time, and avoid going to A&E unnecessarily.

The additional money will go towards supporting work that is considering new facilities that will bring community services, outpatient clinics, testing and diagnostics and specialist rehabilitation services together in one place in the county.

The £325m has been awarded to Sustainability and Transformation Partnerships (STP) which are considered to be the strongest and most advanced in the country. It's a great financial boost for Derbyshire's STP, Joined Up Care Derbyshire, which will support the vision set out in the plans.

We will share more details on how the money will be spent as the plans develop.

To read the national release visit www.england.nhs.uk/2017/07/patients-to-benefit-from-325-million-investment-in-nhs-transformation-projects/

We have had national and local coverage read it here www.nationalhealthexecutive.com/Health-Care-News/go-ahead-given-to-support-15-stp-areas-with-325m-capital-investment?dorewrite=false

Derbyshire STP rated 'advanced'

NHS England have published the STP dashboard today and it has confirmed Derbyshire as one of the areas rated "advanced" in the first STP Progress Dashboard.

The Dashboard, driven by indicators in three broad areas; hospital performance, patient-focused changed and transformation, measures us against the following nine domains, with a weighted score as outlined below:

(50% of weighting)

1. Emergency care – four hour standard
2. Elective care – 18 week standard
3. Safety – healthcare associated infections and special measures

4. General practice – improving access
5. Mental health – improving access
6. Cancer – improving access

(50% of weighting)

1. Prevention – unnecessary hospital stays
2. System-wide leadership – partnership working
3. Finance – system control totals

To find out more about the dashboard visit <https://www.england.nhs.uk/publication/sustainability-and-transformation-partnerships-progress-dashboard-baseline-view/>

Information

- To find out more about the Governance structure visit <http://www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire/governance/>
- To find out more about the workstream and priorities visit <http://www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire/priorities-work-areas/>
- For full plans and information about Joined Up Care Derbyshire visit www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire/

If you are interested in getting involved in Joined Up Care Derbyshire or have a question please contact Head of Communication and Engagement for Joined Up Care Derbyshire at Jenny.Goodwin@southernderbyshireccg.nhs.uk



Joined Up Care Derbyshire (STP) Update

Welcome to the second edition of the Joined Up Care Derbyshire Update. This month the Sustainability and Transformation Partnership Board did not meet due to many of its members taking a summer break. The STP Board will be meeting next month and we will keep you updated on what is discussed. In the meantime we want to give you a brief overview of the latest STP news.

People from across all 11 organisations involved in Joined Up Care Derbyshire (our Sustainability and Transformation Plan, or 'STP') have been coming together to launch the workstreams which focus on the priorities set out in our plans.

More than 100 people with an interest in mental health gathered at the Postmill Centre, South Normanton, this month to launch the Mental Health workstream.

Led by Ifti Majid, Acting Chief Executive of Derbyshire Healthcare NHS Foundation Trust, the session opened with him explaining how mental health fits into all areas of the Joined Up Care Derbyshire plans.

He said: "We need to get rid of organisational badges and truly begin working together across boundaries. We are no longer in the era where we 'blame' commissioners or providers – we are in this together."

The session involved discussions around the 'must do' areas within each of the four Mental Health programme areas and links to work already underway e.g. Better Care Closer to Home, Cost Improvement and Quality, Innovation and Prevention and Productivity programmes.

This month also saw the first meeting of the Derbyshire Urgent Care System Group, which brought together people from across all 11 organisations to discuss how their areas of their work support the urgent and emergency care vision.

The meeting focussed on understanding how the community and acute patient activity will change to deliver the vision and how new contracting methods will need to work to support the changes.

Work across all organisations continues on the Financial Recovery Plans which relies upon providers and commissioners working closely together across health and social care systems.

As part of this Derbyshire's four clinical commissioning groups are working towards one shared QIPP* plan and providers are working to one joint CIP* plan. This coordinated approach mean teams can focus on specific schemes and all organisations can benefit from working together – preventing financial pressures from being moved around within existing structures and ways of working.

If we continue to work in our organisational silos and do nothing we will have an estimated financial gap of more than £239m in our health system and £136m in our local authority costs. These figures give us all an idea of the financial challenge we face, just as all systems do across the country, and they will alter due to inflation and other issues.

Regardless of the exact figure we must concentrate our efforts on new ways of managing and sharing financial risk across the health and care system, including councils, providers and commissioners to help everyone work towards having a financially stable system over the next few years.

Together with Healthwatch Derby and Derbyshire we have started to get out and about to start the conversation with people about the future of health and social care. People across the county and city have given us their views and have answered the questionnaire which aims to raise awareness of the changes needed to be made to health and social care and get their views on the initial priorities

We will be continuing to get out to as many people as possible with the questionnaire to start the conversations during September and October. If you have any suggestions about where we could go either in your organisation or meetings we could attend in your local area in Derbyshire please get in touch. To get involved in the conversation and answer the questionnaire: www.surveymonkey.co.uk/r/joinedupcarederbyshire

If you are interested in getting involved in Joined Up Care Derbyshire or have a question please contact joinedupcarederbyshire@nhs.net

***QIPP** - The Quality, Innovation, Productivity and Prevention programme is a national Department of Health strategy involving all NHS staff, patients, clinicians and the voluntary sector. It aims to improve the quality and delivery of NHS care while reducing costs and making efficiency savings. These savings will be reinvested to support the front line.

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Best wishes,

Paul Wood

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Chair of Sustainability and Transformation Partnership Board

Interim Senior Responsible Officer for Joined Up Care Derbyshire

IN OTHER NEWS

NEW LEADER FOR THE CLINICAL COMMISSIONING GROUPS

The Governing Bodies of the four Clinical Commissioning Groups across Derbyshire (North Derbyshire CCG, Southern Derbyshire CCG, Hardwick CCG and Erewash CCG) have confirmed the appointment of Dr Chris Clayton as their new joint Accountable Officer

Chris is currently Clinical Chief Officer for Blackburn with Darwen CCG and is also the Chief Officer for the Pennine Lancashire Transformation Programme. Originally from Rossendale in East Lancashire, Chris completed his clinical studies in Cambridge and worked in Birmingham and the West Midlands before joining Darwen Healthcare GP practice in 2004. He has been Clinical Chief Officer for Blackburn with Darwen CCG since 2012. Chris is due to start his new role on October 2nd

The recruitment for the post of single Chief Finance Officer (CFO) for the four CCGs has also been completed and it has been confirmed an offer has to an external candidate. As more details are announced we will keep you informed.

NHS Hardwick CCG and NHS North Derbyshire CCG make their decisions following the Better Care Closer to Home consultation

After extensive public consultation Hardwick and North Derbyshire CCGs are to replace outdated hospital wards with a clinically proven model of home-based care to help older people recover more quickly from illness and operations.

The plans, which were unanimously approved at a joint meeting of the CCG boards during July will now be developed in detail. The CCGs have promised that no current service will stop until a clinically suitable alternative has been put in place

Their decisions now mean that proposals to provide enhanced and more joined up community-based services will now enter an implementation phase which will be guided by a set of agreed implementation principles as outlined in the Post Consultation Business Case.

Underlying these principles are three commitments both CCGs made to the people of northern Derbyshire:

- No current service would stop until an alternative is in place.
- Everyone who needs inpatient care under the proposals put forward would receive it
- All NHS-commissioned services to remain free at the point of delivery.

For more information visit <http://www.joinedupcare.org.uk/patients-and-public/better-care-closer-to-home-public-consultation/>

Information

- To find out more about what was discussed at the Mental Health Workstream Meeting please contact joinedupcarederbyshire@nhs.net
- To find out more about the Governance structure visit <http://www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire/governance/>
- To find out more about the workstream and priorities visit <http://www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire/priorities-work-areas/>
- For full plans and information about Joined Up Care Derbyshire visit www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire/

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Living with Substance Misuse Report

Update on actions pledged in response to recommendations made in the report:

1. GPs to consider whether there are clear criteria to trigger referrals to pain management clinic
2. Family members of individuals with a substance misuse problem should be recognised as carers, listened to and to have their needs considered in their own right
3. Effective supervision in pharmacies to ensure that the methadone/subutex has been ingested
4. Ensure that precautions are taken at pharmacies to protect confidentiality, and to preserve the dignity and respect of people collecting medication
5. Consider the need for people who misuse substances to access a full range of mental health services
6. Consider which professionals can make referrals to the crisis team
7. Consider how advocacy support can be made available to assist in social care meetings
8. Information sharing agreements should be adhered to in drug treatment centres, to improve communication and to use the family as a vehicle to aid in the recovery process
9. Prescriptions for methadone/subutex should not be held back
10. Consider the waiting room environment in drug treatment centres to minimize negative experiences for users
11. To address the issue of drug pushers at the main entrance to Bay Heath House
12. Address the issues around the complaints systems at drug treatment centres, and how these could be improved
13. Review the effectiveness of the treatment outcome profile
14. Consider more flexible appointments in drug treatment centres to accommodate people who work, cultural beliefs etc
15. Consider the role of peer support in drug treatment centres
16. Work to ensure that the prescribing roles, and any limitations to the prescribing ability of different health care professionals, are clearly understood
17. Professionals to ensure that any referrals made to community recovery projects happen at the best time for recovery
18. Address the geographical coverage of community recovery projects and mutual aid courses
19. Community Recovery Project should encompass a wide range of elements such as horticultural sessions, employability, peer mentoring, sports/exercising, art therapy and mindfulness.

WHO?	SUMMARY OF ACTIONS PLEDGED (full responses can be found in the original report)	PROGRESS UPDATE AUGUST 2017
Response provided by Hardwick Clinical Commissioning Group (CCG) representing all CCG's	<p>Plan to use the report at provider quality meetings.</p> <p>Work to improve integration of services and, where possible, reduce hand-off points between organisations.</p> <p>Review the ways in which non-nursing or medically qualified staff can refer to the crisis teams.</p>	<p>We are working with Derbyshire Public Health on a review of, and needs assessment, for dual diagnosis. That is to say when there is both alcohol or substance misuse and mental illness. There has been extensive consultation and work is still on going. Once this is finished we have committed to work with Public Health on a plan to implement the findings across NHS services.</p>
DCC Public Health	<p>Further efforts will be made to reduce paperwork, where possible.</p> <p>We will seek assurances from the provider that a refreshed complaints procedure is readily available and easily understood by all service users.</p>	<p><u>Suitability of buildings:</u> The key concern of people loitering around the entrance to Bayheath House and offering drugs to those entering had been a long standing concern of the commissioning team and was addressed during the procurement and mobilisation process. The issue will hopefully be addressed by moving the Chesterfield base to new premises in the first week of July 2017. Again, the environment of the waiting areas at all premises was addressed as part of the procurement process and assurance sought that appropriate environments would be developed at all bases. Importantly, the waiting area in the new premises will be for substance misuse clients only, whereas the Bayheath House waiting room was also used by probation clients.</p> <p><u>Family support:</u> Within the new integrated service, family and carer support will be offered using the Community Reinforcement and Family Training (CRAFT) model. This is a structured approach which aims to improve the ability of the family member to deal constructively with the drug or alcohol user, to encourage the drug or alcohol user into treatment and to improve the wellbeing of the family member.</p> <p><u>Reducing paperwork:</u> It is recognised that significant amounts of 'paperwork' are required as part of the treatment process. This includes</p>

		<p>comprehensive assessments, risk assessments and outcome tools. New comprehensive assessment and risk assessment tools have been introduced by the new service and will be reviewed, including service user feedback.</p> <p><u>Access to residential treatment:</u> Access to residential treatment continues to be available and we have simplified the paperwork. However, certain forms do need to be completed and information provided with regard to financial information in order to access the funding. We have also developed a prison pathway for individuals who are not in the community and wish to go to rehab directly on discharge from prison.</p> <p><u>Complaints procedure:</u> This was perhaps the most significant concern raised by the respondents. We have received assurance that Derbyshire Healthcare NHS Foundation Trust has reviewed their complaints procedure, that staff have received training in regard to the procedure and that the procedure will be made visible and accessible to service users.</p> <p><u>Recovery grants:</u> We were able to fund eight projects with our budget of £200,000 in 2016/17 which covered a variety of localities. The outcomes of those projects will be evaluated at the end of their 12 month operating period - interim performance measures show the projects are on track to deliver across all projects. The process of commissioning another round of recovery grants commenced in June 2017. Bids will be assessed to identify good, innovative and purposeful projects which build recovery capital: the new grants will commence in October 2017.</p>
Chesterfield Royal Hospital	We will build on current training provision to support staff to understand the effects of different substances, to understand the experiences of patients who use substances and to raise awareness of the support and advice available.	<p><u>Patient Stories:</u> In January 2017, a patient came to the Trust’s Board of Directors, to share their past experiences of being a patient at the hospital who also used drugs and alcohol; the aim was to make sure their voice was heard and support understanding of patients who use substances. The story was very well-received by the Board. The same patient is also now a</p>

	<p>Current training will be supplemented by a mixture of formal training, point of care, drop-in sessions and e-learning packages.</p> <p>The training needs identified at the focus group will be subject to further discussion at the Trust’s Professional Education Group to ensure that requirements will be met.</p> <p>Carer involvement with substance users is to be incorporated within the carers CQUIN/quality strategy work, to ensure those who require it are identified as carers and offered appropriate support</p> <p>Share a patient story with Board on the experiences of an ex-substance user, to bring their experiences to the forefront and support understanding of patients who use substances</p> <p>Implement rolling health messages on ED TV screens and bespoke materials to hand out to patients, to capture those who are not necessarily ready to discuss their substance misuse</p> <p>Implement stakeholder focus groups to respond to issues and recommendations</p>	<p>Patient/Public Partner of the Trust and has been involved in Trust plans to make sure the patient voice is heard.</p> <p>Patient/public focus groups are promoted across the Trust as a way of talking about issues, plans or ideas with patients and staff to make things better for patients and visitors. There is also a new Trust ‘Patient Experience Toolkit’, which tells staff how to run their own focus groups and talk to patients and the public about their experiences.</p> <p><u>Training and education:</u> After the substance use focus group that the Trust held in 2016, the Trust’s Professional Education Group (PEG) were asked to come up with a training plan. First, the Heads of Nursing were asked to find wards/departments where ‘staff were most likely to see patients with substance misuse problems’ for training. PEG and Derbyshire Healthcare’s Liaison Team worked together on an education plan.</p> <p>In May 2017, Level 1 awareness training began, which is now part of the Trust’s e-learning package. Level 2 training will begin in August 2017, which is aimed at staff who are most likely to see patients who use drugs and alcohol; this will also be part of induction and essential training. Level 3 training will have a ‘champion’/special interest role and at least one person from each of key area will have to do this in 2017/18. There are also plans to give staff in the Clinical Decisions Unit (CDU) and Emergency Management Unit (EMU) ‘bite-sized’ sessions.</p> <p><u>Substance misuse information:</u> The Trust’s Emergency Department has alcohol advice leaflets on display; they also have a display board in the waiting area which gives telephone numbers for local services for alcohol and drug use and for homelessness. The ED Matron is linking with the Liaison Team to order leaflets that offer help with drug and alcohol use.</p>
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	<p>from Healthwatch and other feedback mechanisms in the future.</p>	<p>Carer involvement: As part of the Trust’s Carers Commissioning for Quality and Innovation (CQUIN) and quality strategy work, to make sure those who need it are seen as carers and offered support, the Trust has signed up to:</p> <ul style="list-style-type: none"> • Johns campaign • Derbyshire Carers pledge • Young carers pledge <p>This means that the Trust supports Carers’ rights to help patients in hospital, gives information to carers of all ages and is working to improve the way carers are identified, supported and signposted; Carers’ passports are in place to help with this and give carers 24 hour access to wards. Carers champions are in place and training is in place. Carer’s information packs can be found across the hospital, which have information on carer’s assessments and self-referral.</p>
<p>Derbyshire Healthcare NHS Foundation Trust</p>	<p>Summary of response to recommendations: Use of drugs or alcohol is no longer a criteria for exclusion from access to IAPT services, and there should be closer working and referrals between substance misuse and IAPT providers.</p> <p>Individuals who need to self-medicate their emotional and psychological condition through the use of an illegal substance is not a restriction criteria for accessing mental health services. As a Trust we will take any restrictions in access to services very seriously and consider the stigma of individuals using service and take action to remedy any</p>	<p>Consider the need for people who misuse substances to access a full range of mental health services</p> <p>DHcFT is supporting a Derbyshire wide dual diagnosis Health Needs Analysis with Public Health (to be published later in 2017) to look at what works, what could be done better and commissioning.</p> <p>We have designed the new Derbyshire Recovery Partnership service to include a specialist counselling team. This service will compliment those who are within treatment whose substance misuse is linked to psychological issues which require more specialist input. With the aim of enabling service users to address underlying issues whilst remaining within the treatment service.</p> <p>For individuals with lower level psychological issues, we have been working alongside commissioners and IAPT providers to develop IAPT guidance to provide a framework for IAPT services into how to accept those with drug/alcohol problems and to avoid these issues being exclusionary criteria. The aim is to support engagement with drug and</p>

	<p>actions of our Trust staff that are discriminatory.</p> <p>The DHcFT Operational Policy for the Crisis Assessment and Home Treatment Teams states that, ‘Crisis Teams will respond to referrals from suitably qualified practitioners from Primary Care Services, Pathfinder and Recovery teams, the Police, Social Care Services, Derbyshire Health United, Accident and Emergency Services, Radbourne Unit, Hartington Unit, Stepping Hill Hospital and Acute hospitals.’ It is recognised that, at present, the current policy does not state explicitly that the Phoenix Futures (none nursing) staff who provide substance misuse treatment as a key part of the Derbyshire Substance Misuse Service can refer to CRHTT. However, there have been good examples where CRHTT and Substance Misuse Service have worked collaboratively around service users either through direct work or via the service’s Consultant Psychiatrists.</p> <p>As part of ensuring that this becomes embedded within practice the CRHTT Operational Policy is currently under</p>	<p>alcohol treatment alongside IAPT rather than either/or and for referral to be made at the most appropriate stage in treatment.</p> <p>Consider which professionals can make referrals to the Crisis Team</p> <p>DHcFT is currently undertaking a formal review of the provision and function of mental health crisis services. Once concluded, this will include the formal updating of the CRHTT Operational Policy clarifying referral pathways and sources. Part of this review is looking at referral pathways to crisis services and to move away from who can refer to a system which is more about the clinical information provided to enable crisis services to have a conversation with the referrer (whoever that might be) to ensure that the service user gets the right care at the right time, with the right service.</p> <p>Information sharing agreements should be adhered to in drug treatment centres, to improve communication and to use the family as a vehicle to aid in the recovery process</p> <p>As part of the new Derbyshire Recovery Partnership, all staff (both new and previous) have had updated training around ensuring that confidentiality agreements and consent are kept up to date. We recognise that this is somewhat of an on-going issue related to family dynamics and treatment can be caught in the middle as service users may choose to change their consent status for family members dependent upon how well they are doing in treatment at any one time.</p> <p>To support change of approach around this, the new Derbyshire Recovery Partnership service provides two types of structured intervention for</p>
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	<p>review with an updated operational policy due in November.</p> <p>Whilst it can be frustrating for family members, the Substance Misuse Service cannot provide any information (not including safety or safeguarding) without formal consent. The use of families as a vehicle within treatment is something which the service is exploring with staff currently being trained to deliver Community Reinforcement and Family Training (CRAFT) to support the recovery journey and improve outcomes for both service users and their families.</p> <p>DHcFT is in the process of reviewing the existing waiting room at Bayheath House (and other main bases) and looking at how seating and environment can be altered to improve experiences for all service users.</p> <p>In Chesterfield this review also includes, in the next few months, separating out those who attend for criminal justice appointments and those who are voluntarily in drug treatment through co-location at a separate base with the probation service.</p>	<p>families based around the CRAFT (Community Reinforcement and Family Training) model. The first is for families who wish to gain training on drugs and alcohol but do not have a family member in treatment and the second type is for those with someone in treatment. The goals of CRAFT are to enhance the families understanding and skills when dealing with problematic drug and alcohol use as well as encouraging any drug or alcohol misusing family members not already in to enter treatment. It is early stages with the implementation of this CRAFT model but so far the results appear to be positive.</p> <p>Consider the waiting room environment in drug treatment centres to minimize negative experiences for users</p> <p>We have received positive feedback from service users in relation to the murals designed for the bases in Ilkeston and Ripley which were undertaken by local service users in collaboration with ‘Wash Arts.’ We are looking at repeating this at other bases due to the success and feedback.</p> <p>For Chesterfield, we have also now co-located those with criminal justice drug and alcohol appointments (DRR, ATR etc) with probation services at their new base. This has meant that those attending these appointment are still seen in the same location. (Probation services were previously co-located at Bayheath House) with drug and alcohol support available at the same location as their probation appointment. This has had a knock on effect or reducing the number of service users at Bayheath House on specific days.</p> <p>Derbyshire Recovery Partnership will be moving its teams from Bayheath House to St Marys Gate in July 2017 and will have a new waiting area and</p>
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	<p>As part of DHcFT’s commitment to a new integrated drug and alcohol treatment system from April 2017 onwards there is a wider review in relation to the use of premises; which includes the option of moving the team to different premises within Chesterfield and looking at how both entrance and waiting areas can be addressed based on service user feedback.</p> <p>DHcFT’s will ensure that the Promoting Safer Therapeutic Services training is made available across the Substance Misuse Service. Local team managers will lead on reminding all staff around ensuring service users are seen in a timely manner and not kept waiting unnecessarily, alongside visual reminders asking service users to attend on time for appointments to avoid unnecessary waiting and the impact on others.</p> <p>DHcFT will update the implementation of the complaints procedure within the Substance Misuse Service to ensure that service users are aware of how to make a complaint and to ensure feedback is given to service users.</p>	<p>are looking to build on the feedback previously received. The new waiting area within St Mary’s Gate will be larger and with better furnishings to create a more welcoming environment. The move to St Marys Gate will also remove the issue of the steps at the front of Bayheath House being a longstanding issue where individuals gather, as St Marys Gate does not have such an entrance. This has now been resolved.</p> <p>Address the issues around the complaints systems at drug treatment centres and how these could be improved</p> <p>DHcFT has reviewed and updated its partnership complaints procedure and expanded this to include the new Derbyshire Recovery Partnership. Guidance on how to make a complaint (or give informal feedback or compliments) is available in each team base including new feedback boxes and feedback leaflets. The improved governance around complaints will ensure that partner services (such as DAAS, ITS and Phoenix Futures) will directly report any complaints and the resolution of these via the DHcFT Patient Experience team for monitoring of themes. The implementation of the complaints procedure within the Substance Misuse Service to ensure that service users are aware of how to make a complaint and to ensure feedback is given to service users. There is now a new triage, assessment and induction process in place for Derbyshire Recovery Partnership.</p> <p>Complaints can also be made via email via the Derbyshire Recovery Partnership website if service users (or concerned others) do not want to make these in person or do not want to complete a feedback form. All Derbyshire Recovery Partnership staff have been briefed on how to advise a service user to make a complaint, how to address these as appropriate (if they can be dealt with immediately) as well as escalation to a team or</p>
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	<p>DHcFT will ensure that all staff are briefed in how to advise a service user to make a complaint, as well as the service advertising the complaints process via posters, leaflets and comments boxes within waiting areas.</p> <p>Operationally service managers already report on formal complaints and this will now be expanded to include concerns. Team managers will also receive additional training on how to manage concerns and complaints in a constructive, supportive and timely fashion to support this improvement. To help complete the feedback loop and to make this more visible each team will have a ‘you said, we did’ poster in the waiting area to be updated on a monthly basis.</p> <p>The Derbyshire Substance Misuse Service supports the use of peer support and at present have a small number of peer mentors who volunteer across the main sites in Derbyshire. Mentors are supported through the Phoenix Futures service user representative or peer mentorship programmes to develop their skills and ensure safety. DHcFT will</p>	<p>service manager. The new service advertises the complaints process via posters, leaflets and comments boxes within waiting areas. Peer mentors are also trained in how to advocate for service user in raising complaints about their drug or alcohol treatment which they come across.</p> <p>Consider the role of peer support in drug treatment centres</p> <p>The new Derbyshire Recovery Partnership is reviewing how peer mentors are used across the service. We retain a small number of dedicated peer mentors who volunteer across the main sites in Derbyshire. There is a natural turnover of mentors and volunteers as service users and ex-service users who move on with their recovery. At present, all mentors are supported through the Phoenix Futures service user representative or peer mentorship programmes to develop their skills and ensure safety which gives them a good foundation to build on with local team managers providing direct support as required. We hope to continue to see the use of peer mentors grow not just within drug and alcohol treatment, but more organically across Derbyshire. A number of peer mentors have attended the Trust Board to talk about their experiences and the impact that treatment has had on them as individuals and how they will be using this to support others as peer mentors.</p>
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	<p>ensure that the opportunity for becoming a peer mentor is re-promoted throughout the service on an ongoing basis.</p>	
<p>Children's Services</p>	<p>There are learning points for the service around communication, impact of changes of social workers, use of appropriate testing equipment and advocacy which will be shared with managers and social workers.</p> <p>The comments in relation to the effectiveness of supervision orders are of particular interest and this will be explored further with our management team and staff to ensure the effectiveness of our arrangements to visit the child.</p> <p>Effective relationships are key to safeguarding children and issues in relation to the integration and communication between agencies is a repeated feature of Serious Case Reviews and Incident Learning Reviews nationally. Such reviews in Derbyshire have been undertaken in particular where young children have ingested drugs in a home setting. Children's Services would welcome further opportunities to work together with Substance Misuse services to develop innovative ways by which we can improve the outcomes for children and their families.</p>	<ul style="list-style-type: none"> ▪ The service director for Early Help & Safeguarding met with Rosalie Weetman, Commissioner of Adult Substance Misuse Services, to discuss effective sharing of information and improving communication channels between services ▪ One of the heads of service for Early Help and Safeguarding within Children's Services has adopted a lead role in liaising with substance misuse services. He attends relevant meetings and acts as the key link to troubleshoot issues as they arise ▪ Systems have improved around the robust implementation of Children Act 1989, Section 31 Supervision Orders with clearer care plans and expectations ▪ Drug testing regimes have been sharpened and Children's Services are now only to drug test parents as part of a planned intervention due to child protection arrangements or with the oversight of the Court. A protocol is currently with the LSCB for approval, prior to being formally adopted as procedure. Greater reliance on substance misuse services for testing is expected and more appropriate for the insight around parental substance misuse • In relation to testing carried out by Children's Services, no evidence has been identified that out-of-date testing kits have been used; however a focus is being maintained on only using in-date kits, with a checking process carried out by Business Services. Training is available to staff within the localities ▪ Previous learning from serious case reviews around young people living in households where there is illicit drug use or prescribed drug use has been revisited by the Serious Case Review sub-group of the

		LSCB. Further work is to be undertaken to revisit actions and ensure that practice is changing to highlight vulnerable children.
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Next steps:

- Healthwatch Derbyshire awaits the publication of the Public Health Review of and Needs Assessment for Dual Diagnosis and the plan to implement the findings
- Healthwatch Derbyshire is planning a series of Enter and View visits to Substance Misuse Treatment Centres, to re-visit the issues presented in the report and establish if there has been some improvement.


Mental Health Crisis Report




Update on actions pledged in response to recommendations made in the report:

1. Provide clear information for patients, friends, family and carers about where to go, and what to do in a developing crisis situation.
2. Work to develop coordination of, and show real ownership of developing crisis situations.
3. Address access issues to Focusline.
4. Maximise access to, availability of and continuity with community psychiatric nurses (CPNs).
5. Support General Practice to deal with and respond to mental health crisis.
6. Improve referral systems to social care and community support.
7. Work to improve patient experience in Accident and Emergency.
8. Address police ability to identify and respond to potential overdoses.
9. Police to explain restraint when used.
10. Address and seek to minimise use of police cells for people in mental health crisis.
11. Consider distress caused by supervised toileting/showering in acute inpatient units, and consider alternative solutions.
12. Develop role/purpose of named nurse in acute inpatient units.
13. Consider provision of appropriate activities in acute inpatient units.
14. Consider how physical health needs are accommodated by acute inpatient units.
15. Appropriate awareness raising of advocacy in a range of settings and its purpose.
16. Consider and take any necessary action required to address reported self-harm risks in rooms at The Priory.

WHO?	ACTIONS PLEDGED	PROGRESS UPDATE AUGUST 2017
Response provided by Hardwick Clinical Commissioning Group (CCG) representing all CCG's	<p>The report recommendations will be incorporated into our Concordat Action Plan.</p> <p>We intend to develop increased support to primary care as we recognise that this is where most people go for help initially.</p>	<p>The Derbyshire Health and Social Care Commissioners, Police and Crime Commissioner, Police, NHS providers and Derbyshire and Derby City Councils as core members of the concordat considered the Derbyshire Healthwatch report and have incorporated the principle recommendations into a revised action plan.</p>

	<p>We are reviewing helplines (recognising the difficulties in accessing Focusline) and want to increase mental health support to the 111 service so there is one place people can turn to and get access to the right advice and if needed help. We are trialling Focusline staff being based some of the time at 111 to see if this helps with access.</p> <p>We have created an advice and assessment hub out of hours which can take calls from 111 and from ambulance crews and the police. So care can be more joined up and purposeful.</p> <p>We have plans for an alternative safe place - so people can get help there rather than going to the Emergency Department. This builds on our investment in the Emergency Department of the liaison teams who already see people 24 hours seven days a week. We have expanded the services in the south at Derby Royal Hospital to include a response for young people and we intend to do the same in the north of the county for Chesterfield Royal.</p> <p>We are intending to increase the hours of operation of the community teams so they are more accessible and can respond locally.</p>	 <p>Paper D - MH Crisis Concordat Short Ver</p> <p>We see the feedback that people need to know where to go to get help and advice and not to feel passed between agencies as fundamental to the concordat. This is an area that requires continued working across the health and social care system. We recognise that we need to deliver more effective community based services and to continue to improve the join between them. We have launched a mental health workstream within the Derbyshire and Derby Sustainability and Transformation Plan (STP) and there is also an Urgent Care STP workstream to enable us to address these issues.</p> <p>Within the Mental Health STP we have a focus on providing improved primary care support -a theme that came up several times in the Healthwatch focus groups. We want to achieve:</p> <ul style="list-style-type: none"> • Increased primary care capacity to recognise and effectively manage people with mental health needs in their community • Easier movement between primary care and secondary services • Equity of physical and mental health by ensuring people with a severe mental illness get an annual health check • People with long-term conditions get to access psychological help. <p>Since the report was published we have also:</p> <ul style="list-style-type: none"> • Started a review of the helpline service, including having trialled the placement of MH helpline staff in 111, which has helped us identify a number of technical issues that need to be in place for this to work. We have consulted on future options for the Focusline service. • DHcFT has been receiving direct real time feedback on the experience of people on the acute wards through the engagement service.
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	<p>We note that there are frustrations of having changes of staff and of waiting for care coordination. We have invested in increased staffing in 2016 but we recognise recruitment has been a significant challenge and remains so for the foreseeable future. In future having less teams working separately from each other, as they do now, will help in providing more of a personal service based on people’s localities. It will make it more likely that if a crisis develops, people will be seen by someone in a team who knows them and their circumstances.</p> <p>We have plans to develop community resilience, self-help and other ways of preventing crisis occurring and enabling people to manage in their communities. This will include better information and signposting on where to get help.</p> <p>People have had some negative experiences as inpatients with different providers. We will raise these issues in our contract arrangements with them. We support the need for clarity of named nurse roles, provision of activity and physical health care.</p> <p>We have a suicide prevention strategy with DHcFT which includes ligature removal and will take up issues of concern on environmental risks with independent sector providers.</p>	<ul style="list-style-type: none"> • Derbyshire Police and Crime Commissioner have been working with partners and commissioned support for homeless people in Derby • The Mental Health Triage Hub has continued to support the police and we are pleased that no one has been taken to a Derbyshire police station solely because of the mental health condition utilising the police powers to detain under the MH act S136. • Continued work has been taking place to reduce long waits in the Emergency Department and “12 hour breaches “have reduced. • The Triage Hub has started taking calls from the Ambulance Service and there are plans being made to increase the take up of advice to ambulance crews. • The Triage Hub has started taking calls from out of hours GPs so they can obtain advice and access to appropriate records and crisis plans. • Children’s Commissioners have been working on a plan for a safe place for children to stay, as an alternative to long waits in the emergency department or being taken to the adult place of safety. • The Concordat members have explored the ways in which people who frequently call emergency services can be better supported, and we are taking forward plans for closer joint working between the police and community mental health teams to work with people in a way that is likely to avoid crisis developing as frequently. • The crisis teams have been reviewed and we have identified areas we need to take action to enable them to work effectively.  <p>Artboard 1_v5.jpg</p>
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	<p>The advocacy service in the county has just been retendered by the County Council and we anticipate greater clarity and focus on the use of advocacy in 2017.</p> <p>We have noted recommendations 1 and 2, the need for people to be provided with clear information on what to do in a crisis, and for there to be coordination a sense of ownership of developing crisis services. This goes to the heart of the concordat declaration and as a system we have agreed to keep the concordat meetings going a further year to ensure we continue to make progress in a joined up way.</p>	
<p>Chesterfield Royal Hospital</p>	<p>We are looking to increase our remit in Liaison Team meetings to include representation from Acute Medicine, Care of the Elderly/Frailty Unit, Gastroenterology, Critical Care and Surgery as well as amalgamating the Trust Substance Misuse Steering Group agenda to these regular meetings. This follows on from the 16 month service evaluation of the Liaison Team by the North Derbyshire and Hardwick CCGs.</p> <p>As part of our CQUIN (Commissioning for Quality and Innovation) work for 2017/18, we will be focusing on improving services for people with mental health needs who present to the Emergency Department;</p>	<p>Patient feedback regarding mental health Patient feedback is always checked for the Emergency Department (ED) and goes to ED meetings. The Patient Experience Team looks at themes and asks for any actions or changes planned by ED to make the service better for patients. Dignity and respect is often a theme for the Trust and any patient/public comments (good and bad) about mental health in ED would be shared as part of this theme. The Liaison Team also has audits/surveys to keep a check on the experience of patient and their families/friends.</p> <p>Multi-disciplinary / multi-agency meetings The Liaison Team has meetings with service users and staff from ED, EMU, CDU and the Children and Adolescent Mental Health Service (CAMHS) every other month. The Enhanced Support Team, Acute Medicine, Care of the Elderly/Frailty Unit and Gastroenterology now also go to these meetings. Our Senior Matron for Emergency Care is talking to staff in surgery and intensive care to make sure they will join, as mental health and substance misuse can impact in both of these areas.</p>

	<p>this particularly refers to high impact users (those who attend ED 10 or more times a year).</p> <p>We will implement rolling health messages on Emergency Department TV screens and bespoke materials to hand out to patients, to provide information on mental health support. This will be included in the Emotional Support ambition of our Quality Strategy.</p> <p>We will undertake a period of focused patient feedback, looking at experiences of mental health patients in our Emergency Department.</p> <p>6 e-learning packages have been developed by the Liaison Team on a range of mental health priorities identified by the Trust. The next stage is to make them widely available to staff by uploading onto the Trust's e-learning platform.</p> <p>We will ensure that support and training from the Liaison Team is promoted with staff in the Emergency Department and across the Trust, to raise awareness of this valuable resource.</p> <p>The Urgent Care Village project proposal includes an assessment area to support</p>	<p>Improving services for people with mental health needs who present to the Emergency Department</p> <p>As part of our CQUIN (Commissioning for Quality and Innovation) work for 2017/18, we are looking at making the ED better for people with mental health needs who come in 10 or more times a year. The ED and the Mental Health Liaison Team have reviewed over 100 patients with mental health conditions who come to ED. From this, they have found 15 patients where joint care planning would help and the ED are working with Community Mental Health Services, to ensure patients are treated in the right way when they come to ED and that they have less need for the ED.</p> <p>The ED are also looking at making more referrals to Derventio Housing Trust, to make sure other needs of people with mental health conditions are looked after, including: housing, finances and social impacts on mental health.</p> <p>Mental health information</p> <p>The ED Matron is linking with the Liaison Team to order leaflets that give advice and signposting to mental health support. As part of the Trust's Quality Strategy work on emotional support, our 'Helping Hands' contacts are being updated to include mental health support groups and helplines; these will be added to the Trust website and folders in clinic areas.</p> <p>Training and education</p> <p>The Liaison Team have written 6 e-learning packages on a range of important mental health topics and the Trust is working to make them widely available to staff. The Liaison Team works closely with our Clinical Educators to give training to staff.</p> <p>Urgent Care Village</p> <p>The Trust's Urgent Care Village project proposal includes an assessment area to support people with mental health needs when waiting in the Emergency Department; however, there is no firm date for this at present.</p>
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	people with mental health needs when waiting.	
Derbyshire Healthcare NHS Foundation Trust	<p>Summary of actions:</p> <p>We will develop more detailed crisis contingency plans so that people know exactly what to do in an emerging crisis from our Trust and the community offers.</p> <p>We will continue to work in partnership with people, families and carers in the development of advance statements, staying well plans and safety plans so that people feel more informed about how and when to get help from the right people at the right time.</p> <p>We will promote the use of advance statements for people who use our inpatient services and may require one-to-one care, so that we can include their preferences in care plans and minimise distress.</p> <p>We will revisit the section of the “My Care” leaflet and revise it based upon your feedback.</p> <p>If you are agreeable, we would ask for your assistance in writing an article in your newsletter and having some information on your website on where and what you can do to access help in a</p>	<p>This update provides current progress against some of the actions we detailed in our response report In February 2017. In addition to the developments achieved in the actions detailed within this report, we continue to progress against the commitments we made to you in November 2016, and look forward to telling you more about these as they move forward.</p> <p>The Crisis Resolution Home Treatment (CRHT) service has been subject to an extensive review (informed in part by the Healthwatch findings and recommendations) and findings were submitted to the Trust Leadership earlier this year with recommendations, which were agreed. We are now within a process of implementing those recommendations; this is a substantial piece of work that involves some reshaping of services and practice guidelines. It is expected that these recommendations will be fully implemented within 9-12 months, with some actions completed well within that timescale. Furthermore, additional actions have been identified through both the CRHT review and ongoing discussions and service development with some of our partners in urgent care, most notably the Police and Health Commissioners.</p> <p>Provide clear information for patients, friends, family and carers about where to go and what to do in a developing crisis situation</p> <p>The revised CRHT clinical model provides an increased focus upon supporting people post-crisis in terms of developing crisis contingency plans and advance statements, so that people know exactly what to do in an emerging crisis.</p> <p>The functions of our CRHT service are often misunderstood within the health community, not least because of the team name and so a leaflet is</p>

	<p>crisis, we would like to co-design this with service receivers and our commissioners to really listen to your feedback and try and improve.</p> <p>As part of the Derbyshire Sustainability and Transformation Plan (STP) we will work with partner agencies to increase the presence of mental health specialism within primary care, so that people have more rapid access to advice and the right help in an emerging crisis. We will also ensure that responses are better co-ordinated and we will share information proactively, with consent.</p> <p>We are meeting regularly with GP surgeries and working with our GP colleagues through GP Quest events, to provide advice, support and education to GPs in terms of managing crisis situations. The Crisis Resolution Home Treatment Teams (CRHT) offer a consultation/liaison response to support GPs in responding to crises.</p> <p>We are developing a plan with Public Health in Derbyshire, to deliver Suicide Awareness and Response training to General Practice and Primary Care</p> <p>We will review how well the new Mental Health Advice and Assessment Hub (MHA AH) service is working to inform future service development- this service</p>	<p>being produced, illustrating the revised CRHT model, which will be shared with stakeholders and people who use the service, so that they are better informed about what the service does, and who it will benefit. This leaflet will also provide alternative contact points for people who may be experiencing a crisis, so that they know who to contact when they need help quickly.</p> <p>The Derbyshire STP is currently exploring opportunities for mental health to be better integrated into the existing (and future plans for) urgent care pathway services. Once this is realised, details of how to access services urgently will be included in our service literature and within care plans.</p> <p>Support General Practice to deal with and respond to mental health crisis</p> <p>‘Train the Trainer’ training for the Connecting with People accredited suicide awareness and suicide response training was delivered to a group comprising GPs, general practice staff and mental health practitioners in June 2017. These trainers have received substantial interest in the training from general practice across primary care, and roll-out of this is now well under way. This will mean that people in primary care health services will be better equipped to support people who have thoughts of suicide.</p> <p>Address Police ability to identify and respond to potential overdoses. Police to explain restraint when used. Address and seek to minimise use of police cells for people in mental health crisis.</p> <p>The Mental Health Advice and Assessment Hub (MHA AH) continues to demonstrate positive outcomes in terms of sustaining a reduction in the numbers of inappropriate detentions under Section 136 of the Mental Health Act (1983), positive working relationships with the police and</p>
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	<p>aims to help people who may otherwise attend A&E in a mental health crisis</p> <p>We will improve the interface and mechanisms between our community and urgent care services so that people do not have to contact more than one service in an emerging crisis.</p> <p>By March 2017, the named nurse role will be explicit within</p> <ul style="list-style-type: none"> ▫ Job descriptions ▫ The nurse preceptorship program ▫ Management supervision <p>And will be measured through regular audit of both clinical records and what people tell us about their experiences of care.</p> <p>We will ask the people who receive our inpatient services, what additional activities they would like to receive, and develop a plan to respond to your helpful feedback that we need to reflect upon our care offers</p> <p>Pieces of work are underway across all of our inpatient facilities to improve physical health care monitoring and physical health promotion. This is a wide ranging piece of work looking at diet, sleep, exercise, access to outside space and relaxation, as well as the monitoring of physical health, for example diabetes</p>	<p>proportionate information sharing between health and police. The working relationship with the Police continues to evolve. We have our Liaison and Diversion services based in custody suites 7 days a week and we are currently exploring an innovative proposal to work intensively, in partnership with the police and with people with the most complex difficulties to improve their experiences and reduce the need for them to use emergency services regularly. We have also joined our assessment services up internally in order to provide a more consistent experience for patients.</p> <p>Consider distress caused by supervised toileting/showering in inpatient units and consider alternative solutions</p> <p>Posters are now available within the ward areas, clearly explaining the levels of observation. Also, cards are given to individual patients when levels of observations have been discussed and agreed with them.</p> <p>Develop role/purpose of named nurse in inpatient units</p> <p>The role of the Named Nurse is now discussed through preceptorship forums and evidence from audits is fed through to the Named Nurse via supervision. Competencies are being developed for registered Band 5 Nurses.</p> <p>The audit framework has been adapted to identify the link between 1 to 1 time with Named Nurse and the MDT processes for supporting and managing someone's care.</p> <p>Consider provision of appropriate activities in inpatient units.</p> <p>At the Radbourne unit, each ward has a designated area for recreational activity and a programme supported by the ward team. We are exploring opportunities to build links with Derby arts groups to enable people to</p>
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	<p>care, asthma care and venous thromboembolism assessment.</p> <p>The Radbourne Unit will meet with the Advocacy Service to identify ways in which the service could be better promoted for inpatients. The named nurse role is being clarified as detailed earlier in this report and will include responsibilities relating to advocacy. We have included advocacy posts and how to access advocacy in our booklets. We will, in addition, add this to our website and provide this information to Healthwatch for your newsletter and website so we can reach as many individuals as possible.</p> <p>With regards to continuity and availability of CPN's -</p> <p>We have increasing pressure in our community services, which we received a partial settlement for in our contracting round in 2016. We are embarking on a programme of work to try and improve capacity and flow in our community services, however this is with the knowledge that referrals to the service have increased significantly over the last year. We have set in our strategy that we would like to work in partnership with our commissioners, to improve our community offer to deliver on the aspirations of our trust strategy, to deliver a weekend and 7 day per week</p>	<p>access activities that will help sustain them beyond their hospital stay and episode of ill health through community arts groups.</p> <p>An example of this would be a recent dance workshop supported by Deda and a performance group from Manchester. The workshop received excellent feedback and gave great insight into the benefits of a broad range of activities and approach being available to the people who stay with us.</p> <p>Consider how physical health needs are accommodated by inpatient units</p> <p>This continues to be a focus for improvement. An audit of physical health assessments and care plans are completed quarterly. Bitesize training for staff on physical health care issues take place.</p> <p>There has been an increase in outside space exercise/activities, such as Nordic walking and football.</p> <p>There are on-going initiatives to promote better health within the inpatient units. There have been changes to physical healthcare monitoring forms and additional training for specific aspects of physical care and treatment. The dieticians have increased their involvements with the in-patient unit and provide support ranging from general advice to specific diet plans and assessments.</p> <p>There is on-going work to improve the uptake of nicotine replacement therapy and smoking cessation support within the in-patient units North and South.</p> <p>Appropriate awareness raising of advocacy and its purpose</p> <p>The Radbourne Unit met with the advocacy service to identify ways in which the service could be better promoted for inpatients. There has</p>
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	<p>community offer in addition to community services.</p>	<p>been an increase in the uptake of advocacy services and we believe we are in line with national averages for advocacy support. However, this is an area for on-going monitoring and improvement. New posters and leaflets have been circulated to support individuals to use this local authority commissioned service.</p> <p>The Mental Health Alliance is also providing feedback in regards to access to support as experienced by our service user groups.</p> <p>Continuity and availability of CPN's</p> <p>This remains one of our aims in our trust strategy to work with commissioners to extend hours to evening and weekends. At this time, we have no resolution to this hope, which is based upon feedback from our patients and families. We remain committed to representing their voice. We would like to work in partnership with our commissioners to improve our community offer.</p>
<p>Royal Derby Teaching Hospitals NHS FT</p>	<p>We are planning to employ a registered mental nurse in our ED and Medical Assessment areas to assist with caring for patients and staff support.</p> <p>We are fully committed to increasing the knowledge and skills of staff on caring for patients with mental health needs through general training and also through this level of one to one support and mentorship.</p> <p>We are also currently exploring with the Mental Health Trust how we can involve patients in co-designing our services.</p>	<p>I am pleased to confirm that we have now employed a registered mental nurse in our ED and Medical Assessment areas to assist with caring for patients and staff support. We remain fully committed to increasing the knowledge and skills of staff on caring for patients with mental health needs through general training and also through this level of one to one support and mentorship.</p> <p>The mental health steering group continue to meet and take the opportunity to learn from incidents and complaints that may have been raised. Along with this we are working closely with our partner agencies to where possible improve the experience for patients in the ED particularly those who are waiting for a specialist mental health facility.</p>

	<p>The Trust is very aware of the long waits in the Emergency Department (ED) for some patients who require specialist mental health assessment and access to a specialist mental health facility. We are working closely with our partners and commissioners to improve this.</p>	
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Next Steps:

- Monitor implementation of Crisis Concordat Action Plan.
- Monitor improvement of services through our service Mental Health Together for Derby and Derbyshire.

Intelligence Report - September 2017

Please direct enquiries to Helen Henderson-Spoors, Intelligence and Insight Manager, helen@healthwatchderbyshire.co.uk or 01773 880786

All our reports can be found at <http://www.healthwatchderbyshire.co.uk/category/our-work/>

Healthwatch Derbyshire follow up periodically on all actions pledged in response to recommendations made in our reports. Information on progress made can be found on our website (links are provided in this report), or you can request a verbal update.

Update on our recent work

➤ Maternity Services - Antenatal, Intrapartum (birth) and Postnatal Care

This comments summary was produced to provide insight for providers of maternity services and their commissioners, and included themes such as:

- Difficulties and delays with detecting tongue-tie
- Midwives
 - Continuity with the same midwife was seen as important
 - People spoke positively about community midwives
 - People spoke positively about hospital midwives
- There were mixed experiences of health visitors
- There were mixed experiences of the care offered in hospital after labour, most commonly with regard to assistance with feeding
- People spoke about long waits for scans. The reasons for the delays were not communicated well
- People spoke positively of breastfeeding support in the community
- People reported mixed experiences in terms of the approach to identifying and responding to postnatal depression. There was a reported lack of awareness of how to respond to postnatal depression by professionals
- People spoke about not feeling adequately prepared for what can go wrong during labour, and how they might feel and cope once back at home
- People reported cancellations and rescheduling of planned C-sections.

This report is being considered and used by the Derbyshire Local Maternity System Steering Group. A response has been requested. When this has been received the report will be published on our website and distributed.

➤ LGBT+ experiences of using health services

Due to various themes emerging in the information we received through our general engagement activity, we decided to approach the LGBT+ community in a more targeted way to find out a little more about the issues that were starting to emerge.

This work took place between September - November 2016.

During these months, engagement officers arranged to attend specific groups run by Derbyshire LGBT+ to talk to the LGBT+ community about their recent experiences of using health services. A total of 25 participants are represented in this report.

Recommendations were that:

- Health services to be more LGBT+ friendly, considering steps such as having magazines, information leaflets and displaying rainbows
- Address the range of issues raised about the sexual health clinic at London Road, Derby
- Tackle reasons for distrust in referral processes
- Consider training/awareness raising for staff, covering topics such as:
 - Using chosen name and gender
 - Ensuring gender-appropriate accommodation
 - Increasing awareness of frustration caused if professionals attribute mental health problems to sexuality
 - Not assuming that same-sex parents are siblings
 - Not asking personal questions that are not relevant.

Responses have been received to this report which has now been published, and can be found at:

<http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2017/07/V3-LGBT-Experiences-of-using-health-service-26062017-HHS.pdf>

Next steps are to ask for an update on actions against recommendations in the Autumn of 2017.

We have been invited to present this report to the Royal College of Nursing in October, and is to be included in their national Equality and Diversity work.

We are having discussions with Derbyshire LGBT+ and North Derbyshire Clinical Commissioning Group as to how we can encourage Health Services to be more LGBT+ friendly.

Good Practice Guide to Consultation

Healthwatch Derbyshire has produced a 'Good Practice Guide to Consultation' and 'Checklist'. This has been produced to ensure meaningful and lawful public engagement in changes to health and social care services.

We will be particularly promoting this over the coming months/years to promote meaningful public engagement in the Sustainability and Transformation Plan (STP), and support commissioners to ensure that the public have the opportunity to get involved in co-producing shared solutions to the problems the NHS is currently facing.

Both documents can be found here:

<http://www.healthwatchderbyshire.co.uk/stp-derbyshire-joined-care/best-practice-guidance-consultation/>

Update on a selection of earlier reports

These reports have been summarised in earlier versions of this Intelligence Report, and can be found on our website under 'Our Work'. Reports with updates are as follows:

➤ **Experiences of using health and social care services before, during and after Mental Health Crisis**

This report has been published and the full report and a recent update (September 2017) on actions taken can be found at:

<http://www.healthwatchderbyshire.co.uk/2016/12/mental-health-crisis-report/>

Next steps are to:

- Monitor the implementation of the updated Crisis Concordat Action Plan
- Monitor improvement of services through our service, Mental Health Together for Derby and Derbyshire.

➤ **Living with Substance Misuse report**

This report has been published and the full report and a recent update (September 2017) on actions taken can be found at:

<http://www.healthwatchderbyshire.co.uk/2016/09/substance-misuse-report/>

Next steps are to:

- Await the publication of the Public Health Review of and Needs Assessment for Dual Diagnosis and the plan to implement the findings
- Conduct a series of Enter and View visits to substance misuse treatment centres to re-visit the issues presented in the report and establish if there has been some improvement.

Enter and View reports

For more information about Enter and View please go to:

<http://www.healthwatchderbyshire.co.uk/about/about-enter-and-view/>

Enter and View visits to Derbyshire County Council Care Homes

HWD was commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to their establishments across the county during 2016/2017. This consisted of 22 services supporting older persons and four services supporting people who have learning disabilities.

As the Enter and View reports were commissioned primarily for DCC's own consumption, individual reports are not placed in the public domain as is usually the case with

Healthwatch Enter and View reports, however the annual synopsis of these visits can be found at:

<http://www.healthwatchderbyshire.co.uk/2017/06/annual-synopsis-enter-view-visits/>

Healthwatch Derbyshire has been commissioned to continue these visits this year, with a selection of 13 homes chosen. These visits are well underway.

We also have visits planned to three nursing homes in Derbyshire, and four substance misuse treatment centres.

Pending reports, current and future engagement priorities

- CAMHS Report: This will report on engagement activity that took place between May-July 2017. This work was to find out if services have improved since our last report back in 2014, and was requested by the Health and Wellbeing Board
- Dementia Services: This is our engagement priority for September - November 2017. More information about this work can be found at <http://www.healthwatchderbyshire.co.uk/2017/06/say-dementia-care-support/>
- Experiences of Pharmacy Services: This was the topic of our summer engagement events
- Substance Misuse Treatment Centres Enter and View: This work is to determine if services have improved as a result of the recommendations made in our Living with Substance Misuse Report.

Annual Report

Please note, our Annual Report is now available and can be found here <http://www.healthwatchderbyshire.co.uk/resources/annual-reports/> you can also request a copy.

Our AGM is on Friday 6th October commencing at 9.30am, and is being held at the Imperial Rooms in Matlock. The event will be showcasing our work with people who have Learning Disabilities. If you would like to attend please contact Tammi Cooke tammi@healthwatchderbyshire.co.uk.



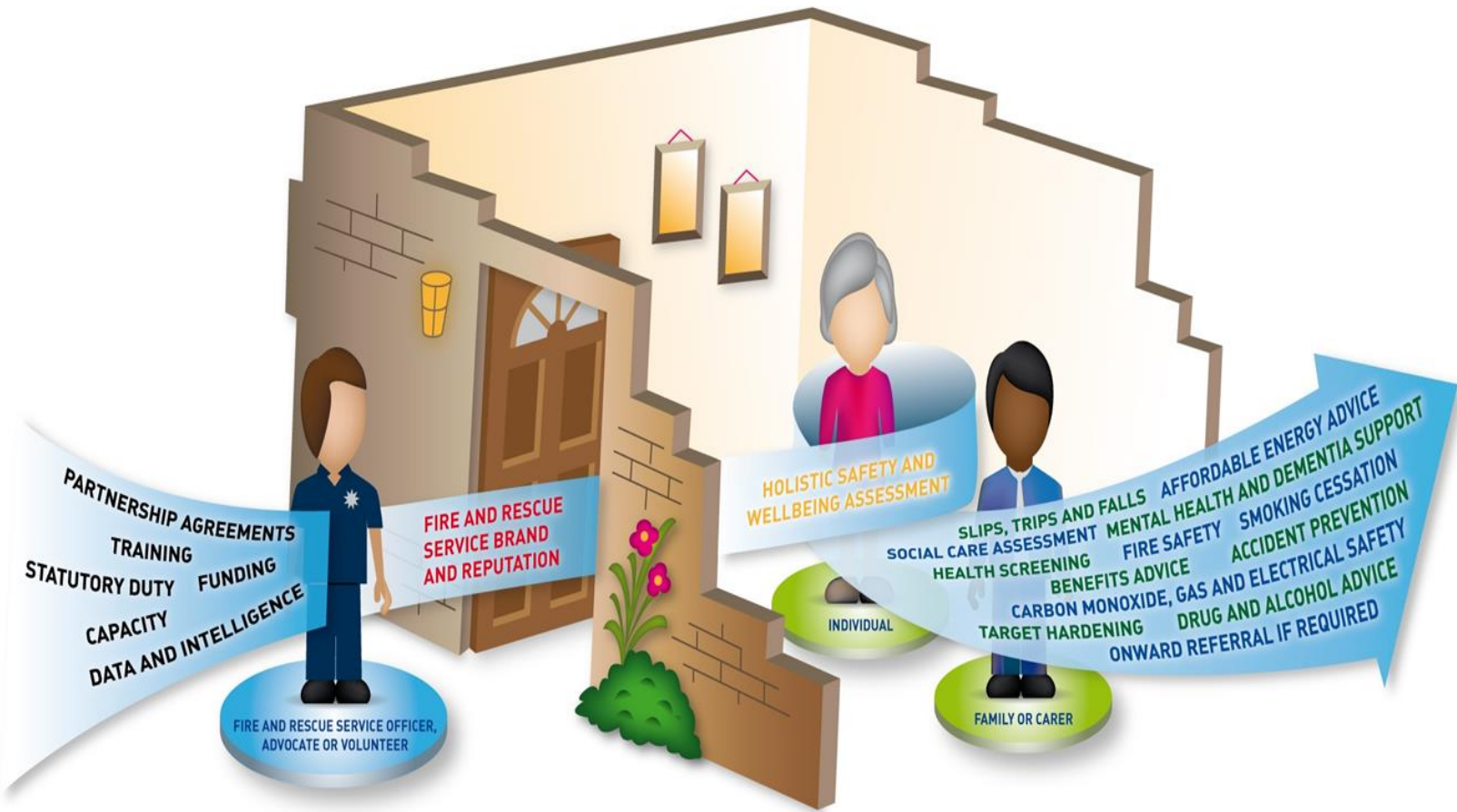
UPDATE SAFE AND WELL VISITS

ADULT CARE BOARD



Derbyshire
Fire & Rescue Service
Making Derbyshire Safer

BEYOND THE FIRE SAFETY CHECK



Derbyshire Fire & Rescue Service

Making Derbyshire Safer



- Fire Safety
- Equipment – smoke alarms
- Falls Assessment
- First Contact Referral
- Equalities Monitoring



First Contact Derbyshire Signposting Scheme



Delivered By:

- Fire Crews
- Community Safety Officers
- Handy Van Service
- Housing Associations



Target groups

- Often people who are at risk from fire have unmet health/social needs
- Often people who have unmet health/social needs are at risk from fire.



Safe and Well Visits

Partnership
Referrals

High Risk Target Groups

DE Programme using MOSAIC Data
Groups F, N and L

Low Risk Individuals Requiring
Fire Safety Advice



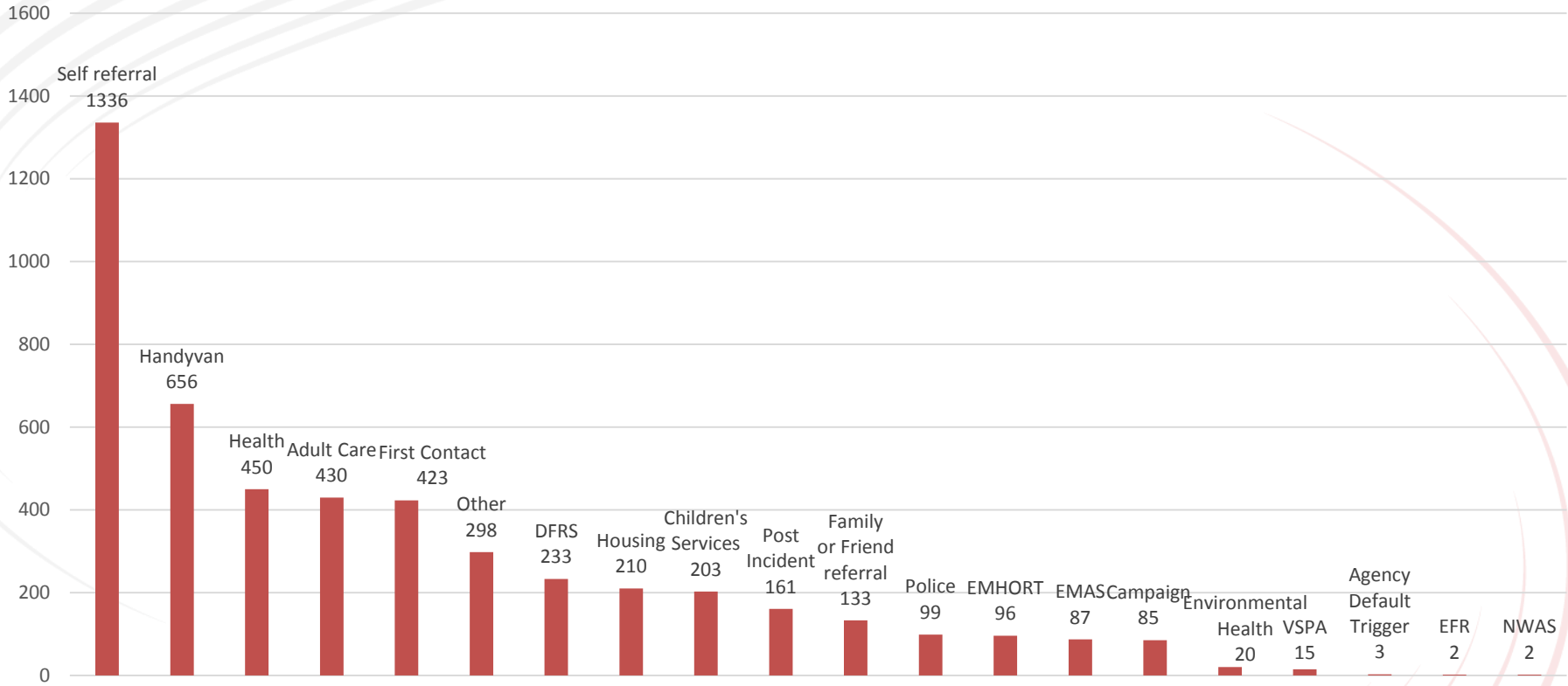
Derbyshire Fire & Rescue Service

Making Derbyshire Safer

Improving Community Safety Targeting using Exeter Data



Safe and Well Triggers



- 11,562 visits completed
- 6,620 = 57% direct engagement

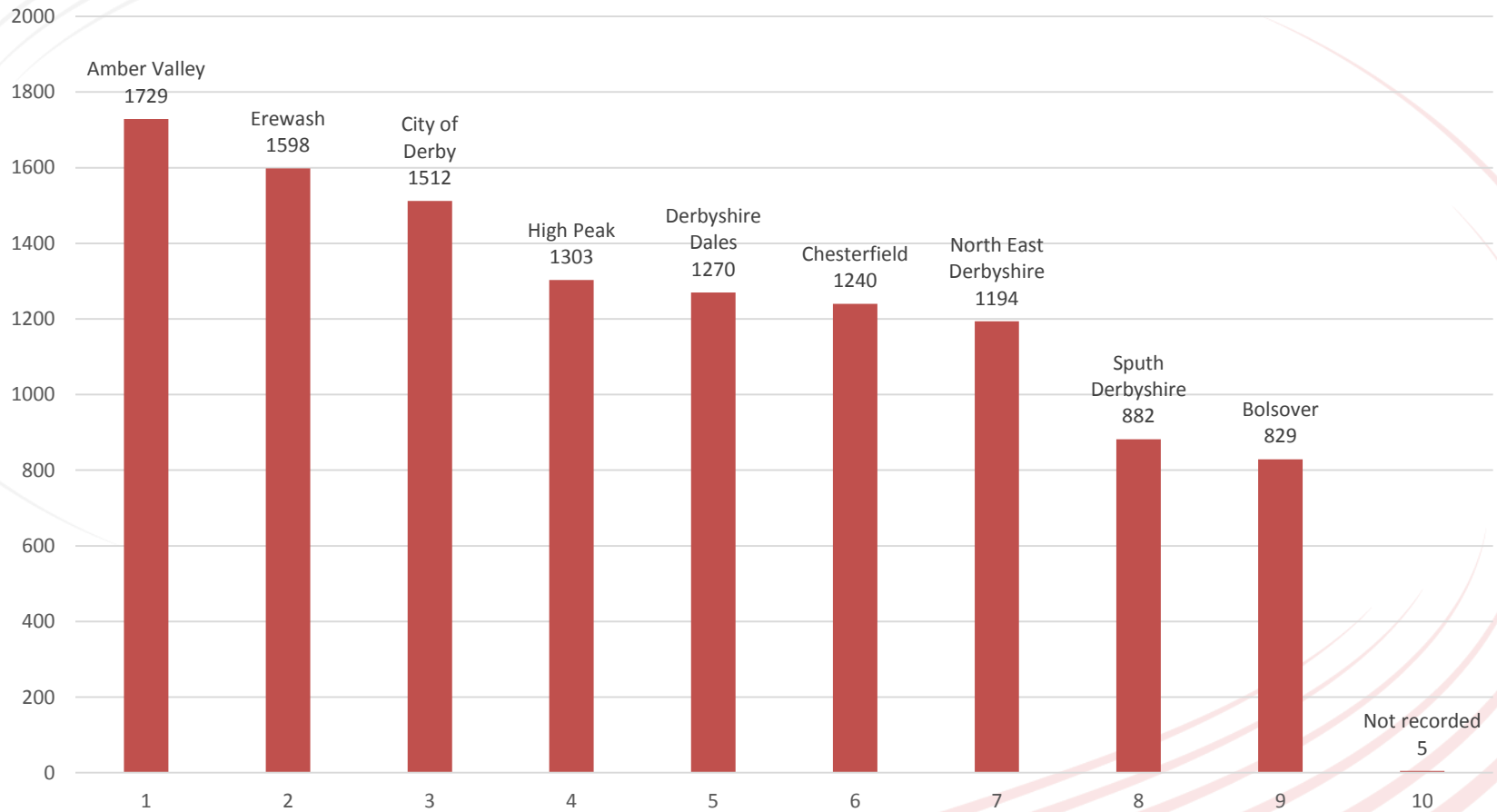
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District Data

Safe & Well district breakdown

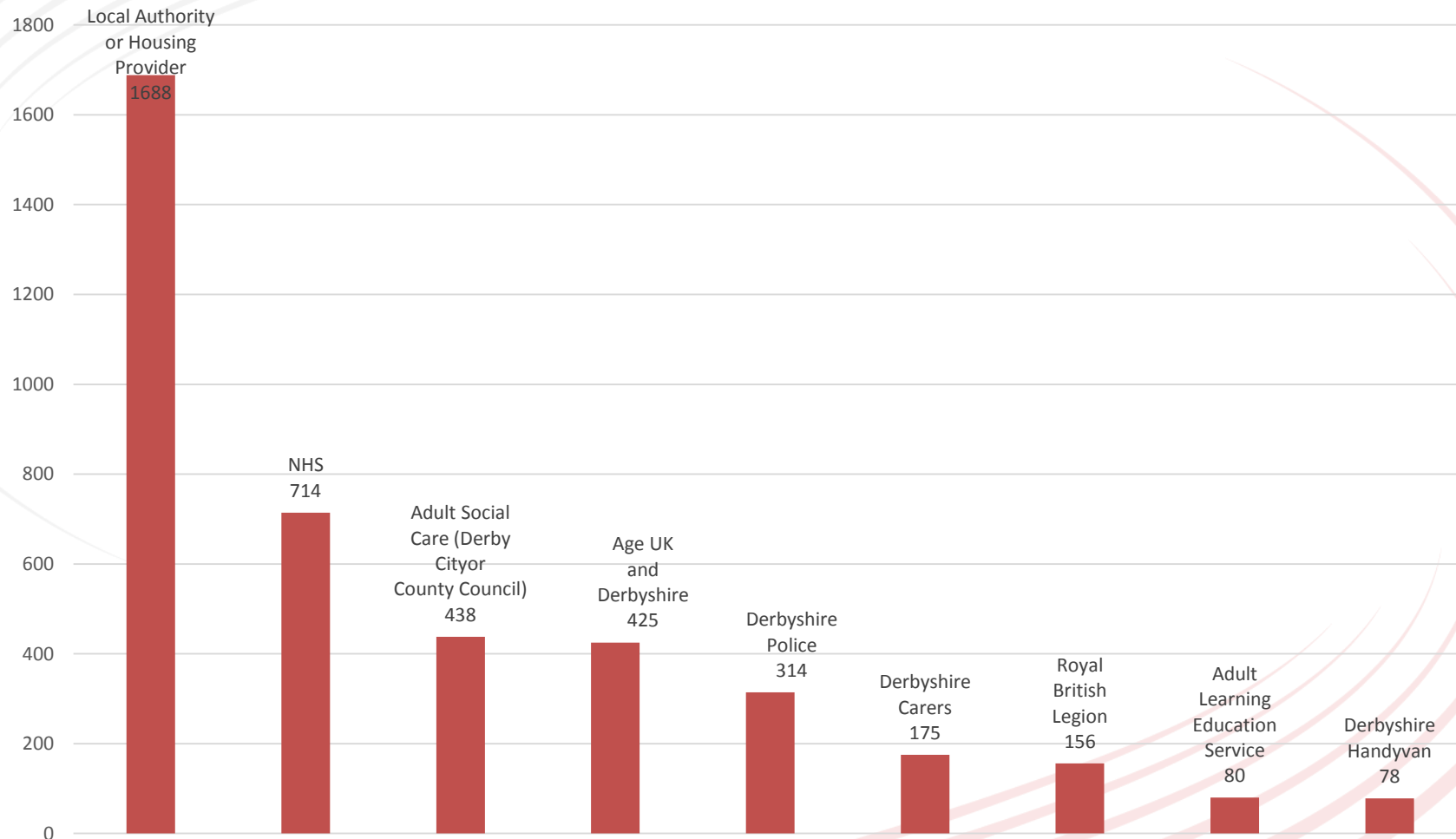


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Referrals from DFRS



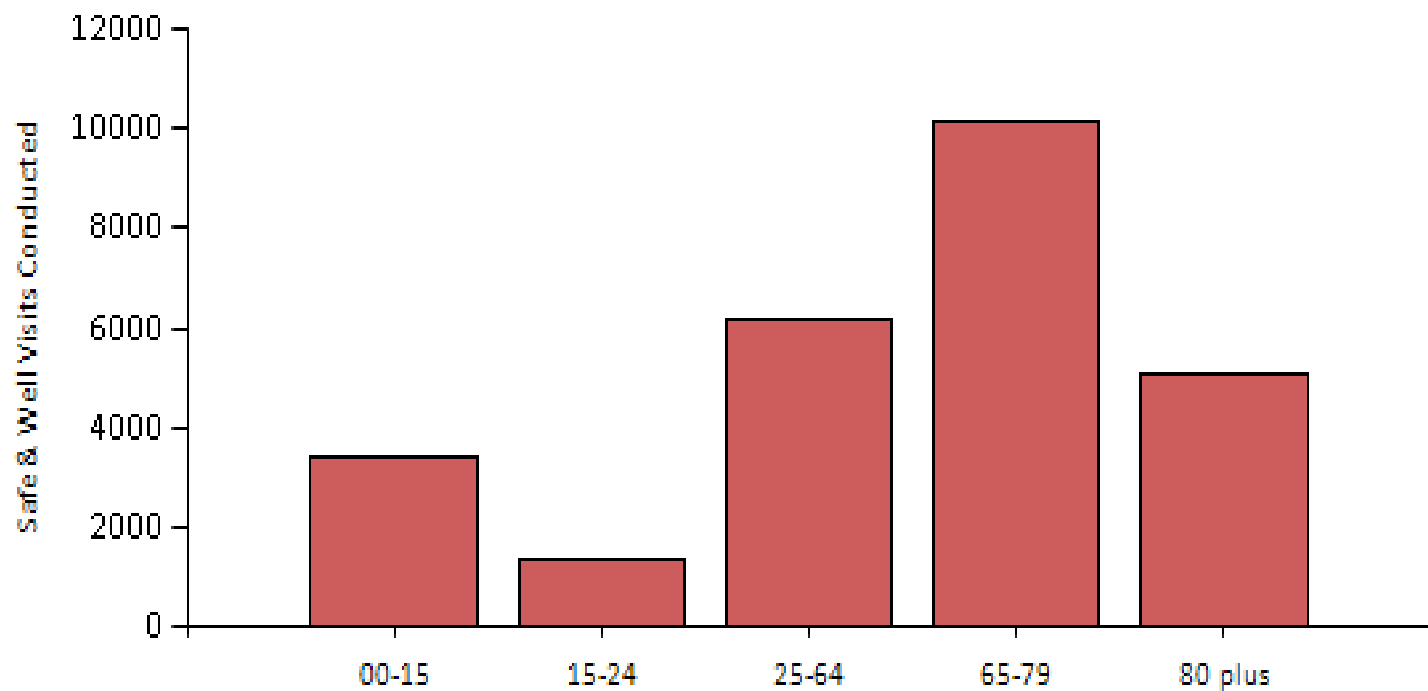
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Equalities Monitoring Data

Age Ranges of All Individuals in Households Where a Safe & Well Visit has Been Conducted

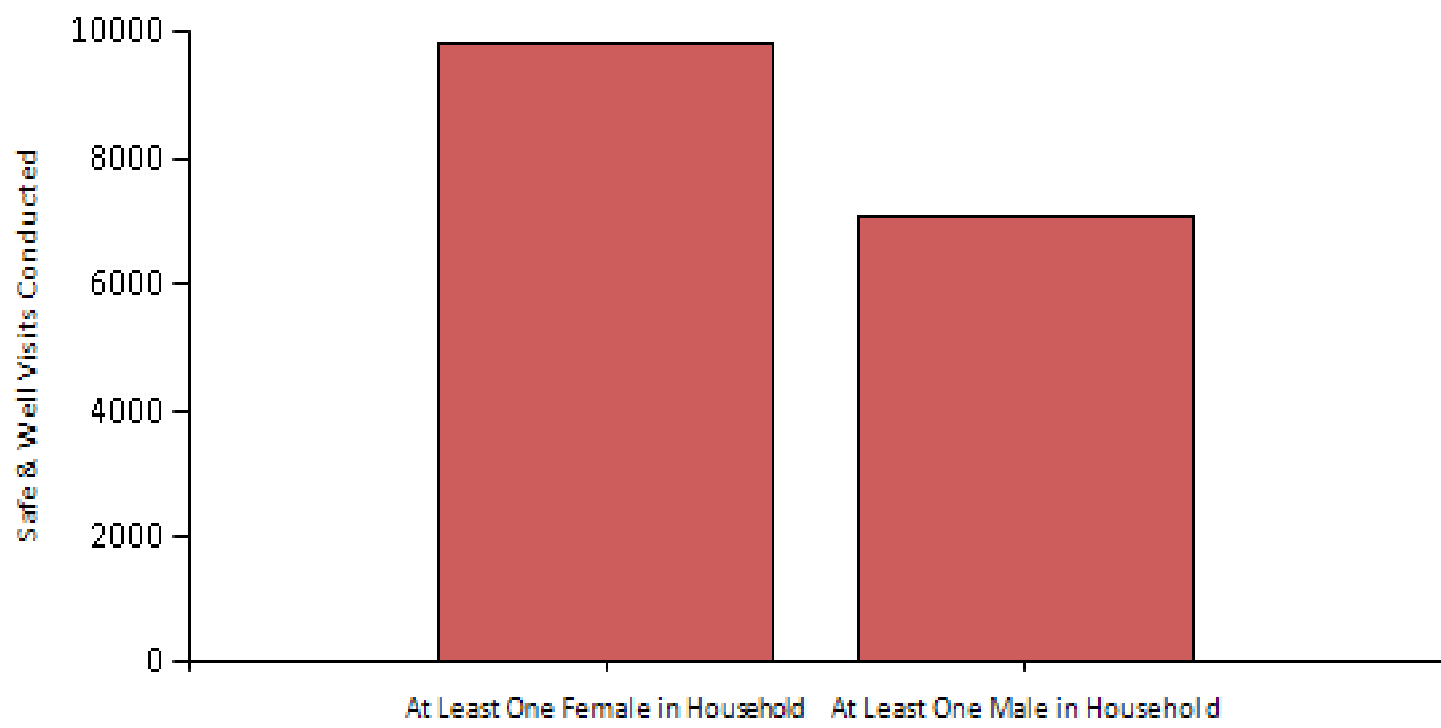


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Gender Breakdown of Households Where a Safe and Well Visit was Conducted

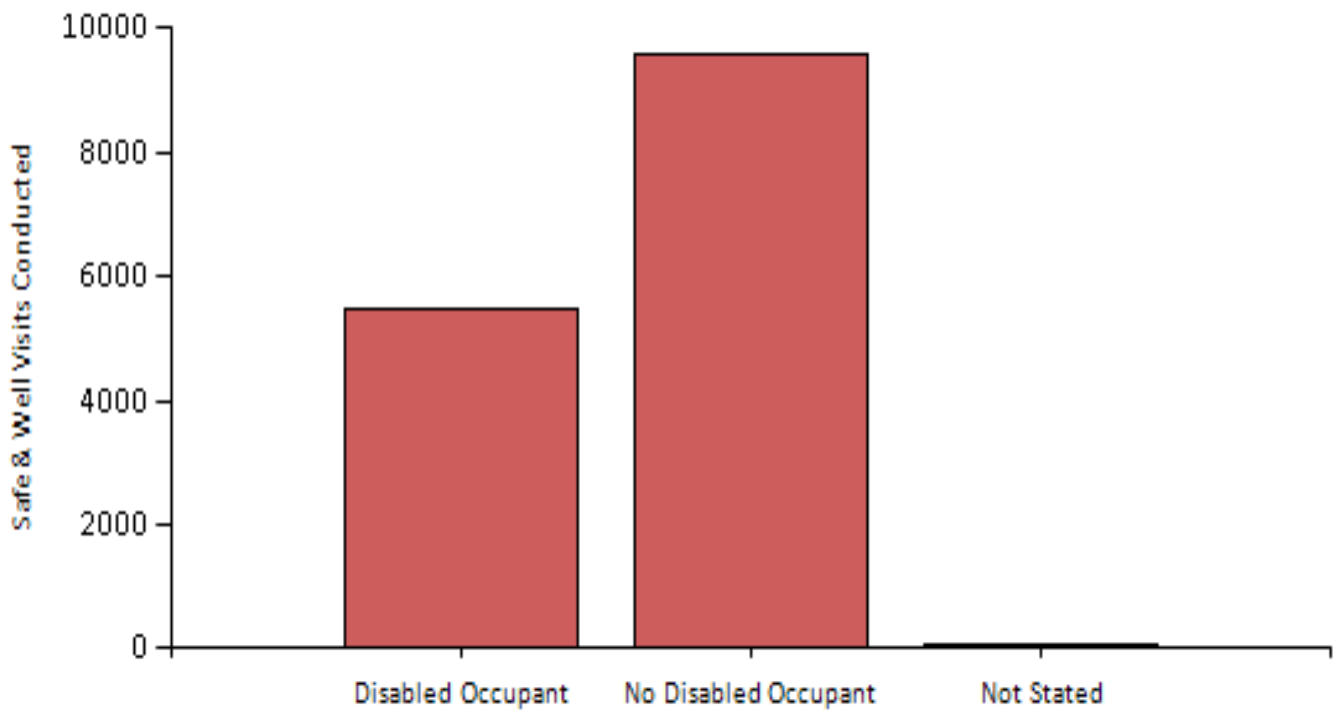


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Disability Status of Households Where a Safe & Well Check was Conducted

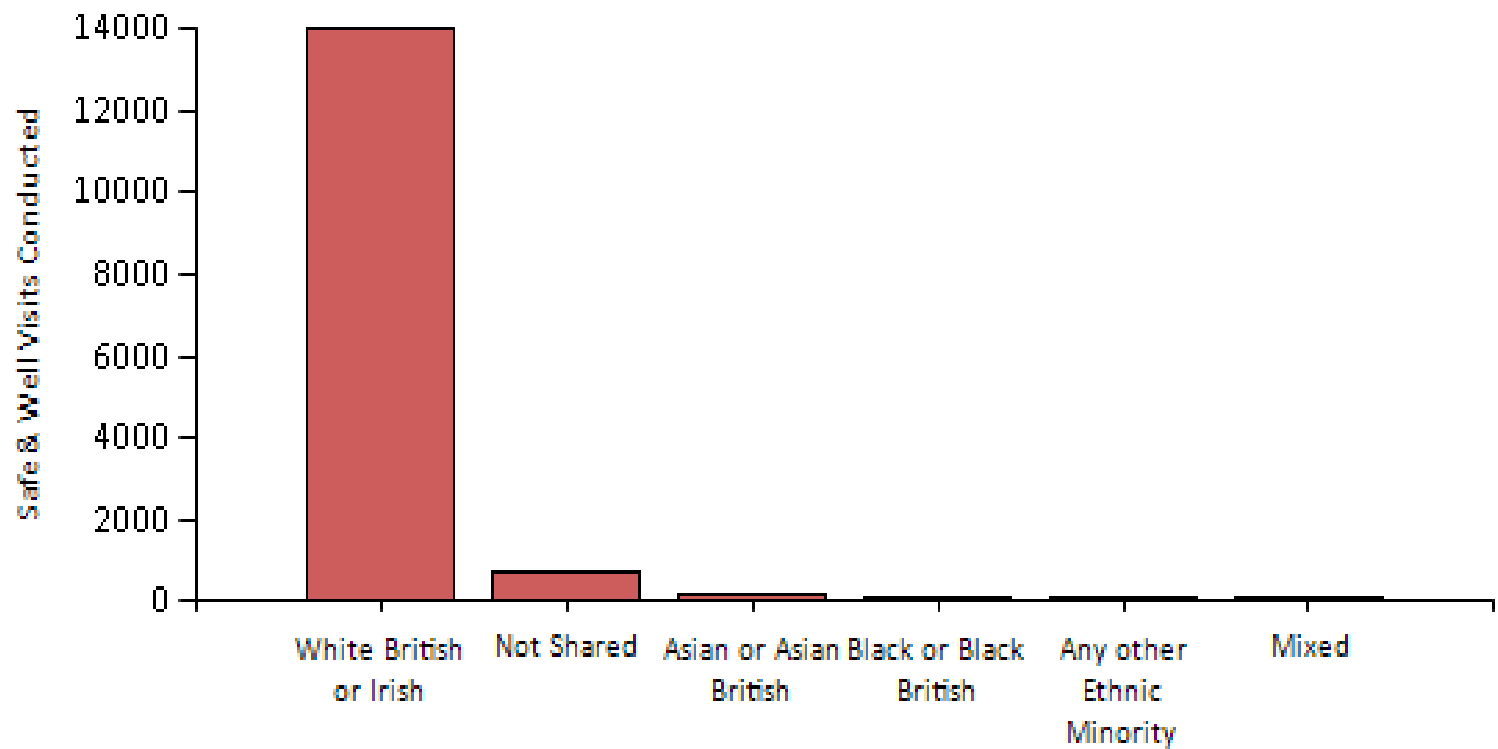


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Ethnicity of Households Where a Safe & Well Visit Was Conducted



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Feedback

- *“It was so good to be treated as a normal person instead of being talked to as if all pensioners were too old to understand anything”*
- *“The officer that came was very professional and made me feel at ease, and explained everything fully”*



- *“We got more from the visit than anticipated”*
- *“Good thing you are doing, saves NHS costs”*
- *“We found the two operatives most helpful and answered any questions we needed to ask. Most useful and polite and think what a wonderful service this is to people in our position”*



ANY QUESTIONS?

Derbyshire Fire & Rescue Service

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