



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 1st 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 18th 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- 1st December 2021-1st 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

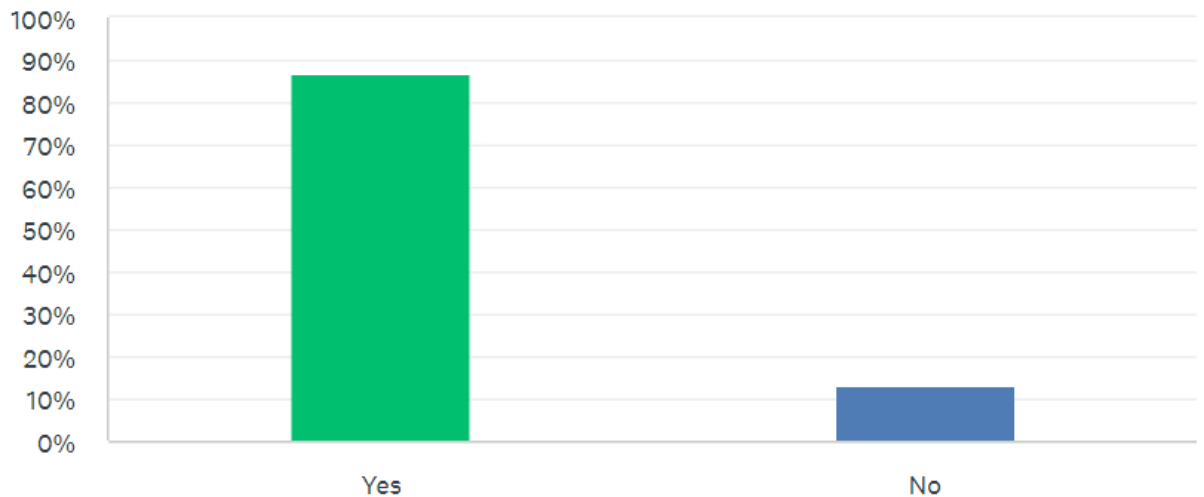
Online responses

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.

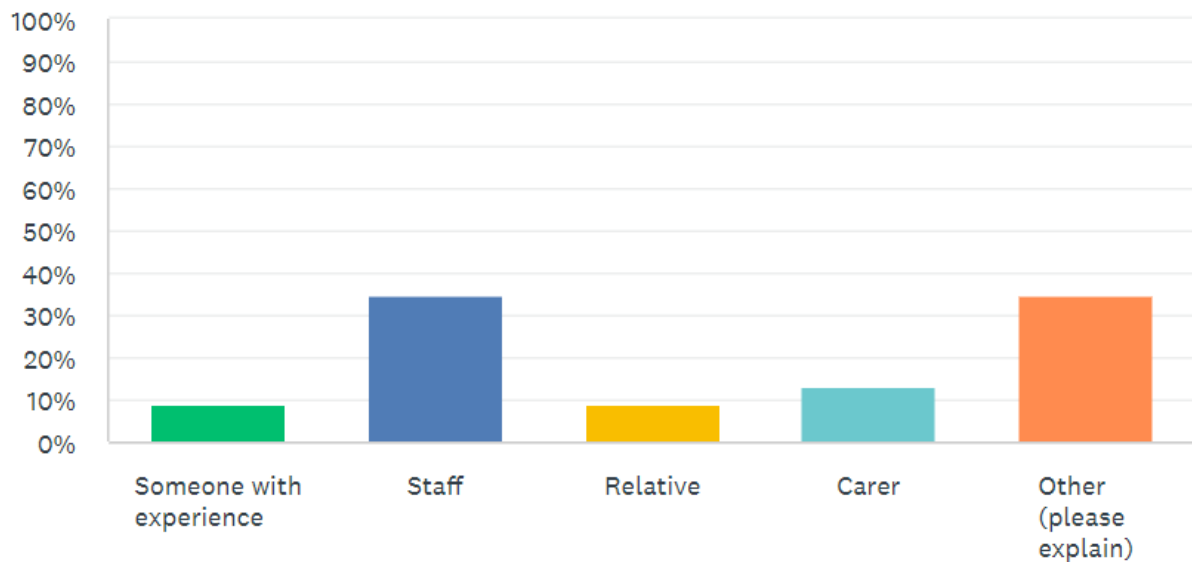
Therefore the analysis has been separated into those completing online questionnaires, current service receivers and other feedback then a complete analysis at the end of this section incorporating every piece of feedback.

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 quite 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.

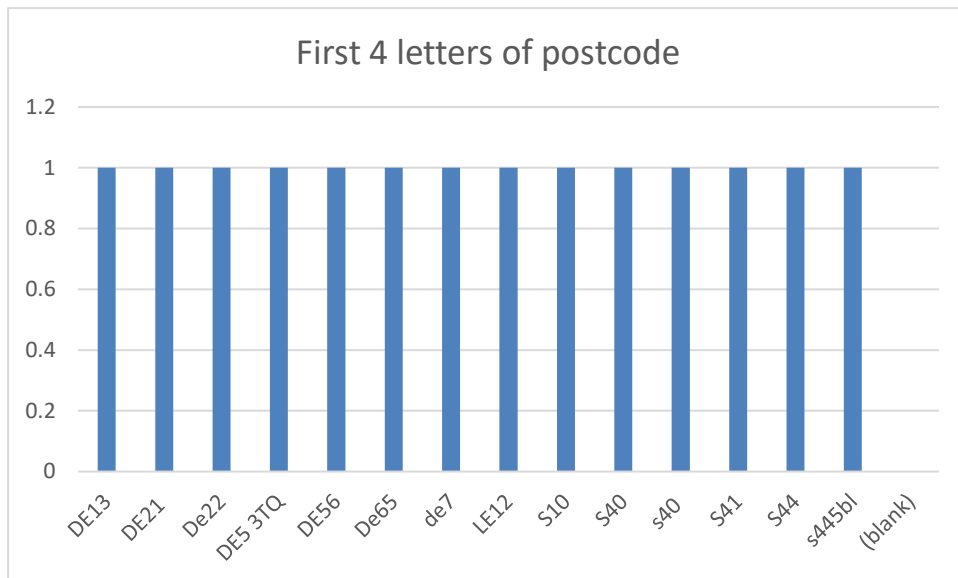
Staff very good and very well trained.

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

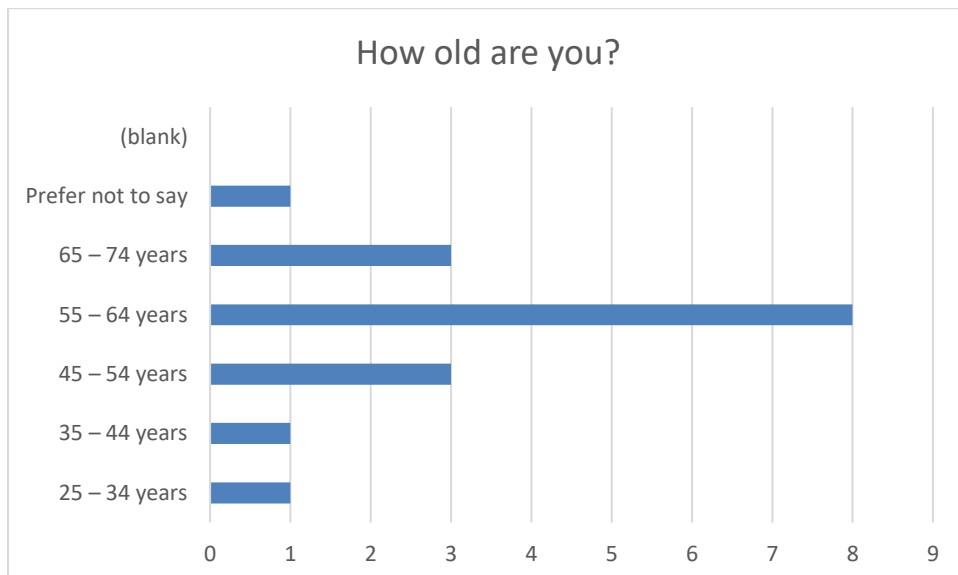
Who responded to our consultation?

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.

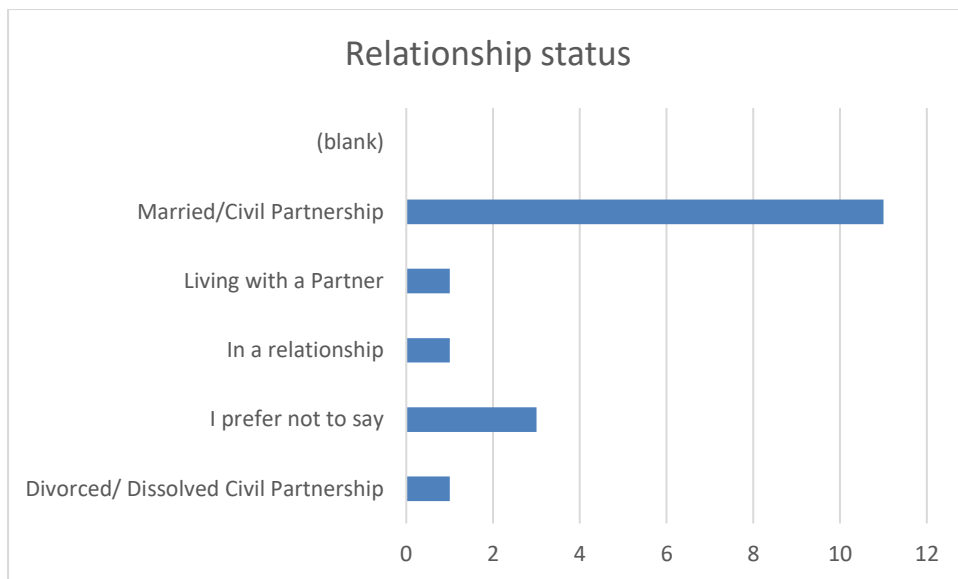
Those completing the online survey



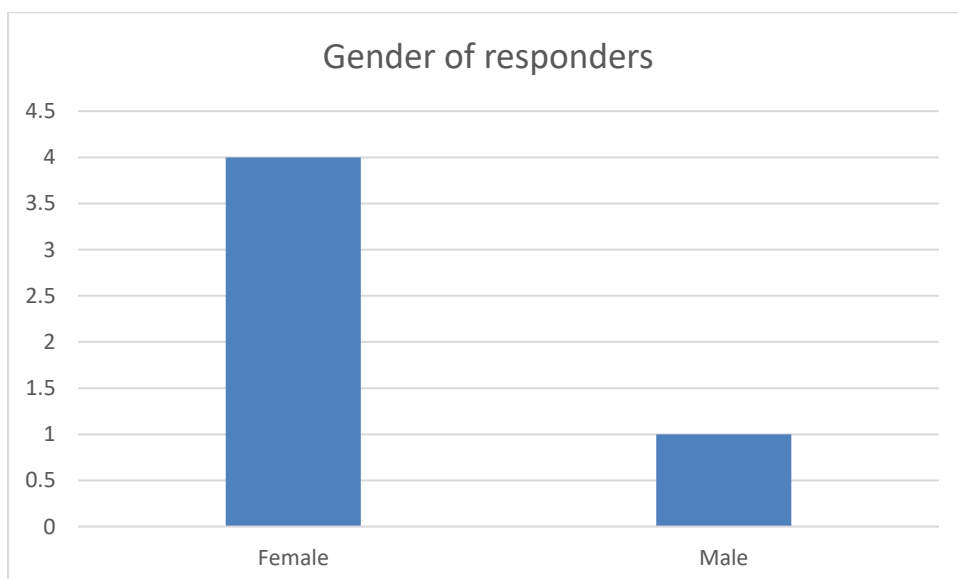
From the 23 responses 7 provided postcodes. These show a spread from across Derby and Derbyshire with one from Leicestershire.



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.

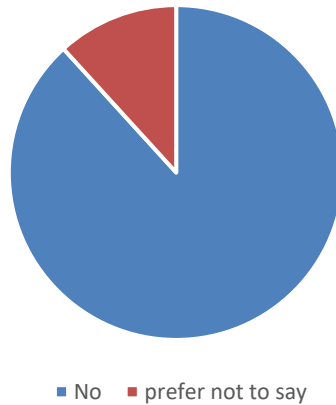


16 responses to this question with the majority being in a relationship and therefore the assumption can be made that they do not live alone.



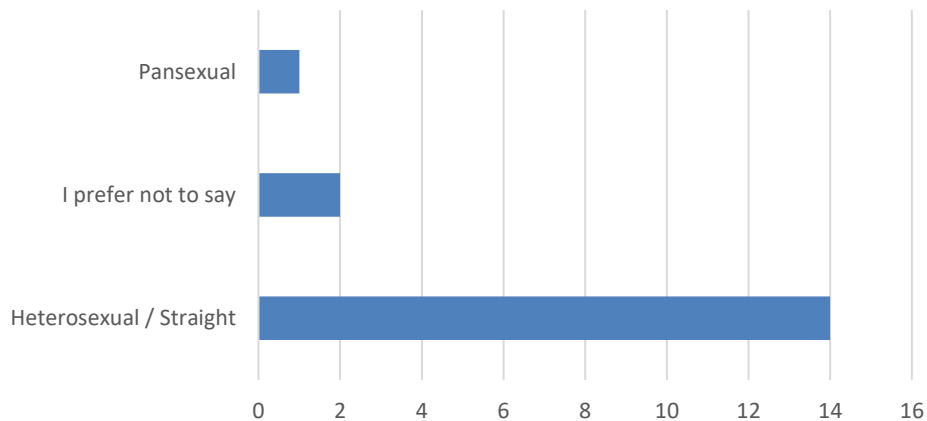
5 people responded as being female or male. The rest of the responders with 'preferred not to say' or did not respond to this question.

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?

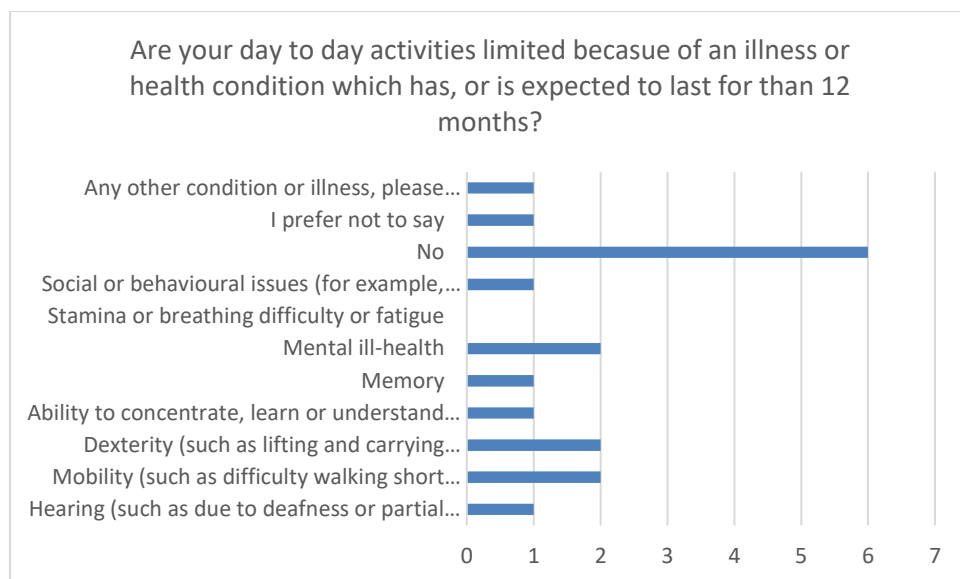


15 people responded that they had not gone through any part of a transitioning process. 2 people preferred not to say.

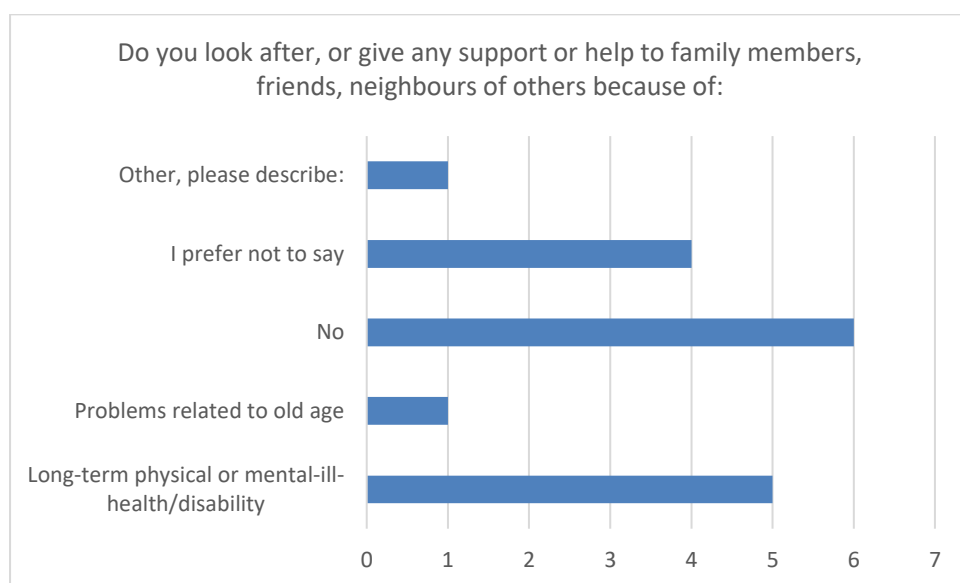
Please choose one option that best describes how you think of yourself:



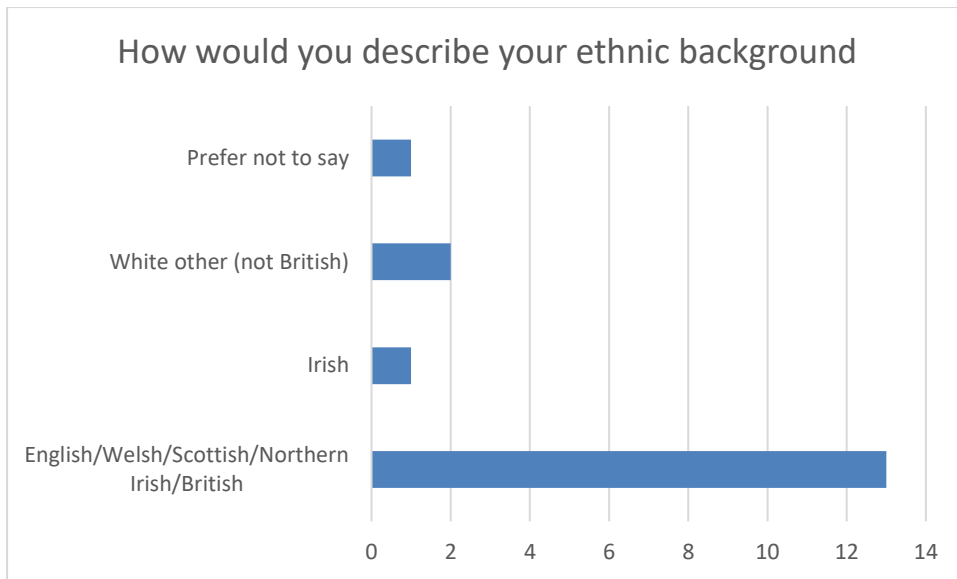
14 people responded that they were Heterosexual/straight, 2 people preferred not to say and 1 identified as pansexual.



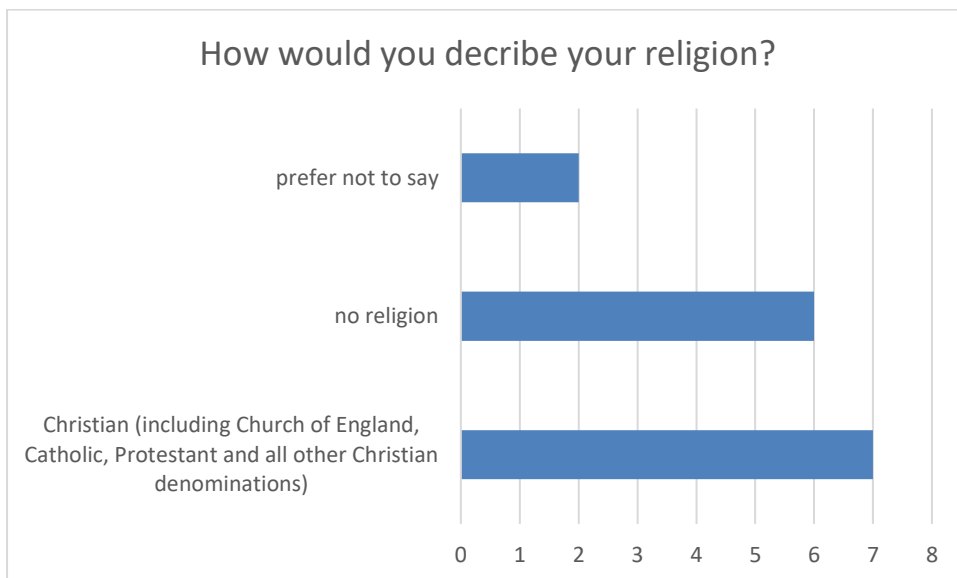
Most people responded to say that they did not have a health condition or illness. In addition to the classifications above one person stated that they have bipolar disorder but is well.



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>	
Moving to Walton from current site MH Carers Community - Chesterfield & N.Derbyshire. Fears that it is just to make room rather than a robust clinical decision.	Offer that Executive Director of Nursing meet with those concerned to discuss the changes and clinical rationale and visit the sites with them.	Carolyn Green Executive Director of Nursing and Patient Experience
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.	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.	Geoff Neild, Programme Director, Dormitory Eradication
Travel to Kingsway- There is not a direct bus route to Kingsway site and therefore a 10-15 minute	It is recognised from a travel assessment done as part of this project that the proposed changes would impact on travel. This has	Geoff Neild, Programme Director,

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

Derbyshire Wildlife Trust consultee for ecology matters - Planning@derbyshirewt.co.uk	Planning@derbyshirewt.co.uk	1.12.21	12.01.22
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Martin Thacker M.B.E North East District Council	chairsoffice@ne-derbyshire.gov.uk	1.12.21	12.01.22
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Dr Chris Clayton	Chris.clayton2@nhs.net	1.12.21	12.01.22
JUCD	joinedupcarederbyshire@nhs.net	1.12.21	12.01.22
Richard Henderson EMAS	"HENDERSON, Richard (EAST MIDLANDS AMBULANCE SERVICE NHS TRUST)" < richard.henderson1@nhs.net >	1.12.21	12.01.22
Mill Lodge			12.01.22
Northants PICU			12.01.22
Professor Kathryn Mitchell Derby University	k.mitchell@derby.ac.uk	01.12.21	12.01.22
Paul Hardy – UNISON Lead Rep	Paulhardy2@nhs.net	01.12.21	12.01.22
Lee Fretwell - RCN Lead Rep & Staff-side Chair	Lee.fretwell@nhs.net	01.12.21	12.01.22
Brian Austins - Unite Lead Rep	Brian.austins@nhs.net	01.12.21	12.01.22
Shree Kota - CSP Lead Rep	Srikanth.kota@nhs.net	01.12.21	12.01.22
Derbyshire Recovery Peer Support Service	DerbyshireRecoveryPeerSupportService@rethink.org ;	1.12.21	12.01.22
Head High	amanda.solloway@btinternet.com ;	1.12.21	12.01.22
First Steps	kevin@firststepsed.co.uk ;	1.12.21	12.01.22
Age Uk	katy.pugh@ageukderbyandderbyshire.org.uk ;	1.12.21	12.01.22
Derby City Life Links	Chipo.Vera@RichmondFellowship.org.uk ;	1.12.21	12.01.22

Derby City Life Links	Julia.Hague@RichmondFellowship.org.uk ;	1.12.21	12.01.22
Derby City Life Links	Philomena.Temple@RichmondFellowship.org.uk ;	1.12.21	12.01.22
LGBT+	info@derbyshirelgbt.org.uk ;	1.12.21	12.01.22
Derby West Indian Community Association	g.mighty@dwica.co.uk ;	1.12.21	12.01.22
Women's Work	dionnereid_womenswork@hotmail.co.uk ;	1.12.21	12.01.22
Disability Direct	Amo.Raju@disabilitysyndicate.com ;	1.12.21	12.01.22
Erewash Voluntary Action CVS	stella@erewashcvcs.org.uk ;	1.12.21	12.01.22
YMCA Derbyshire	gillian.sewell@ymcaderbyshire.org.uk ;	1.12.21	12.01.22
Age UK Derby and Derbyshire	katy.pugh@ageukderbyandderbyshire.org.uk ;	1.12.21	12.01.22
Head High	amanda.solloway@btinternet.com	1.12.21	12.01.22
Alzheimer's Society (Chesterfield)	derbyshire@alzheimers.org.uk ;	1.12.21	12.01.22
Citizens Advice Bureau (Chesterfield)	melanie.mallinson@chesterfieldcab.co.uk ;	1.12.21	12.01.22
Citizens Advice Bureau North East Derbyshire	mail@nedcab.org.uk ;	1.12.21	12.01.22
The Samaritans	jo@samaritans.org ;	1.12.21	12.01.22
Community Action	kim.harper@communityactionderby.org.uk ;	1.12.21	12.01.22
Peaks & Dales Advocacy Forum	neil@ddcvcs.org.uk ;	1.12.21	12.01.22
Relate	info@relatederby.org.uk ;	1.12.21	12.01.22
Alzheimer's Society	derbyshire@alzheimers.org.uk ;	1.12.21	12.01.22
Hope Centre	info@hopecentraderby.co.uk ;	1.12.21	12.01.22
Disability Derbyshire Coalition for Inclusive Living	info@dcil.org.uk ;	1.12.21	12.01.22
Stepping Stones	info@steppingstonesav.co.uk ;	1.12.21	12.01.22
Hope Springs	hopesprings540431@gmail.com ;	1.12.21	12.01.22
Borderline Arts	contact@borderlinearts.org ;	1.12.21	12.01.22
Derbyshire Gypsy Liaison Group	siobhanspencer7@btinternet.com ;	1.12.21	12.01.22
Derby Pakistani Community Centre	info@pakistancommunitycentraderby.co.uk ;	1.12.21	12.01.22
Derbyshire Chinese Welfare Association	dcwassociation@outlook.com ;	1.12.21	12.01.22
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Derby Refugee Advice Centre	janetr.fuller@btinternet.com ;	1.12.21	12.01.22
Bosnian Centre	bihcommderby@hotmail.com ;	1.12.21	12.01.22
Derbyshire Recovery & Peer Support Service	DerbyshireRecoveryPeerSupportService@rethink.org ;	1.12.21	12.01.22
Derbyshire Federation for Mental Health	mainoffice@dfmh.co.uk ;	1.12.21	12.01.22
Grapevine Wellbeing Centre, Buxton	welcome@grapevinebuxton.com ;	1.12.21	12.01.22
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50+ Forum	yourcityyoursay@derby.gov.uk	1.12.21	12.01.22
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Derbyshire Voluntary Action	info@dva.org.uk jacqui@dva.org.uk	1.12.21	12.01.22
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Derbyshire Dales CVS	enquiries@ddcvs.org.uk neil@ddcvs.org.uk	1.12.21	12.01.22
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EQUAL Group	nosheen.asim1@nhs.net	2.12.21	12.01.22

