

Date: 18th July 2016

The Arc
High Street
Clowne
Derbyshire
S43 4JY

Dear Sir or Madam

You are hereby summoned to attend a meeting of the Healthy, Safe, Clean and Green Communities Scrutiny Committee of the Bolsover District Council to be held in the Council Chamber, The Arc, Clowne on **Tuesday 26th July 2016** at **1100** hours.

Register of Members' Interest - Members are reminded that a Member must within 28 days of becoming aware of any changes to their Disclosable Pecuniary Interests provide written notification to the Authority's Monitoring Officer.

You will find the contents of the agenda itemised on page 2.

Yours faithfully




Assistant Director of Governance and Monitoring Officer

To: Chairman and Members of the Healthy, Safe, Clean and Green Communities Scrutiny Committee

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**HEALTHY, SAFE, CLEAN AND GREEN COMMUNITIES SCRUTINY
COMMITTEE AGENDA**

**Tuesday 26th July 2016 at 1100 hours in the Council Chamber,
The Arc, Clowne**

Item No.		Page No.(s)
	<u>PART A – FORMAL</u>	
	<u>PART 1 OPEN ITEMS</u>	
1.	<u>Apologies for Absence</u>	
2.	<u>Urgent Items of Business</u>	
	To note any urgent items of business which the Chairman has consented to being considered under the provisions of Section 100(B) 4(b) of the Local Government Act 1972	
3.	<u>Declarations of Interest</u>	
	Members should declare the existence and nature of any Disclosable Pecuniary Interest and Non Statutory Interest as defined by the Members' Code of Conduct in respect of:	
	a) any business on the agenda	
	b) any urgent additional items to be considered	
	c) any matters arising out of those items	
	and if appropriate, withdraw from the meeting at the relevant time.	
4.	Minutes of a meeting held on 28 th June 2016.	3 to 6
5.	Quarter 1 – 2016/17 – Performance Monitoring Update	7 to 12
6.	Leisure Survey Results – Things To Do, Places To Hang Out	13 to 29
7.	Closure of Bolsover Hospital Consultation Document	30 to 53
8.	GP Services in Creswell and Langwith	Verbal Update
9.	Work Plan	54 to 56

HEALTHY, SAFE, CLEAN AND GREEN COMMUNITIES SCRUTINY COMMITTEE

Minutes of a meeting of the Healthy, Safe, Clean and Green Communities Scrutiny Committee held in the Council Chamber, The Arc, Clowne on Tuesday 28th June 2016 at 1000 hours.

PRESENT:-

Members:-

Councillor S. Peake in the Chair

Councillors J.E. Bennett, T. Cannon, P.A. Cooper, H.J. Gilmour, C.R. Moesby, K.F. Walker and D.S. Watson

Officers:-

D. Whallett (Housing Enforcement Manager) (until Minute No. 118), M. Babinska (Community Cohesion Officer) (until Minute No. 118), S. Gillott (Environmental Health Manager) (until Minute No. 119), C. Millington (Scrutiny Officer) and A. Brownsword (Governance Officer)

113. APOLOGIES

Apologies for absence were submitted by Councillors T. Munro and P. Smith.

114. URGENT ITEMS OF BUSINESS

There were no urgent items of business.

115. DECLARATIONS OF INTEREST

There were no declarations of interest.

116. MINUTES – 24TH MAY 2016

Moved by Councillor H.J. Gilmour and seconded by Councillor T. Cannon
RESOLVED that the minutes of a meeting of the Healthy, Safe, Clean and Green Communities Scrutiny Committee held on Tuesday 24th May 2016 be approved as a true and correct record.

HEALTHY, SAFE, CLEAN AND GREEN COMMUNITIES SCRUTINY COMMITTEE

117. LIST OF KEY DECISIONS AND ITEMS TO BE CONSIDERED IN PRIVATE

Members considered the List of Key Decisions and Items to be Considered in Private document.

Moved by Councillor C.R. Moesby and seconded by Councillor T. Cannon
RESOLVED that the List of Key Decisions and Items to be Considered in Private document be noted.

118. COMMUNITY COHESION PROJECT UPDATE

The Housing Enforcement Manager introduced the Community Cohesion Officer to Members and noted that the post had been created in response to increased tension and anti-social behaviour reports mainly in Shirebrook in 2012 -13. A Community Cohesion Group had been established with many partners involved to try to get a true picture of what was happening in the area. An action plan had been developed by the group which had demonstrated the need for an officer to improve cohesion between the host and emerging community. Working with the Bolsover Partnership, the post was employed by Bolsover District Council, but funded by partners. The Community Cohesion Officer had been in post since April 2015 and it was a two year post.

The Community Cohesion Officer's main role was to provide a joined up approach to community cohesion and to plan and deliver community engagement events and develop new groups with community representatives.

Once the Community Cohesion Officer was in post, it became clear that the needs of the community were greater and more basic than initially thought and people needed help with registering their children at schools, doctors, help with housing forms etc. Once the Officer was in post, an increase in access to healthcare had been seen and a regular weekly session was established at the healthcare centre. A similar session at the Children's Centre had seen an increase in visits by Polish children which would help ease the transition into the school system for them.

A central part of the outcomes of the role is to prepare case studies each quarter and also report on all of her targets and performance. This information is submitted to the Bolsover Partnership. The Community Cohesion Officer has also established outreach bases and weekly surgeries. Two events were also held per year and a group had being established in the Catholic Church.

HEALTHY, SAFE, CLEAN AND GREEN COMMUNITIES SCRUTINY COMMITTEE

Members congratulated the Community Cohesion Officer on the work carried out so far and asked whether the contract would be extended. It was noted that the contract came to an end in April 2017, but it was hoped that an extension could be agreed.

A question was asked whether people felt more settled in the area and the Community Cohesion Officer noted that those who stayed in the area were more settled, but new people were arriving as others were moving elsewhere in the country.

A question was asked regarding language skills and it was noted that there were many free English classes that were very well attended. It was also noted that there were many highly skilled people who could move to better jobs once they had mastered the English language. It was also noted that unions had a fairly good relationship with Sports Direct and its employees. Members asked whether housing and accommodation was improving and it was noted that work was ongoing with the Environmental Health Department.

Concerns were raised regarding extra numbers of patients at the health centre and it was noted that this was a matter for the CCG to take forward.

Moved by Councillor S. Peake and seconded by Councillor H.J. Gilmour
RESOLVED that the report be noted.

The Housing Management Officer and Community Cohesion Officer left the meeting.

119. ENFORCEMENT POLICY

The Environmental Health Manager presented the updated Enforcement Policy (Joint Environmental Health Service) May 2016 and explained that the main difference was the inclusion of the requirements of The Regulators' Code. The format and content was largely stipulated by legislation. It was noted that other changes were formatting, an updated equalities statement, scope and new Corporate Aims.

A concern was raised regarding the numbers of Fixed Penalty Notices (FPN's) issued by the Council and the Environmental Health Manager explained that FPN's should only be issued in lieu of a prosecution, but the evidence required would be the same.

HEALTHY, SAFE, CLEAN AND GREEN COMMUNITIES SCRUTINY COMMITTEE

Issues with fly tipping and littering in the District were also raised and the Environmental Health Manager noted that the Environmental Enforcement, Cleansing and Education Group met regularly and continued to work closely with Streetscene and the CAN Rangers to look at the issues and coordinate existing actions.

Moved by Councillor H.J. Gilmour and seconded by Councillor T. Cannon
RESOLVED that the updated Enforcement Policy (Joint Environmental Health Service) May 2016 be noted and any comments be passed to the Environmental Health Manager.

The Environmental Health Manager left the meeting.

120. DRAFT SCRUTINY REVIEW SCOPING DOCUMENT

The Scrutiny Officer circulated an updated Scoping Document. A discussion took place regarding the definition of a dementia friendly area and it was felt that the scoping document should be amended to read e.g. dementia friendly areas. It was also suggested that that the Planning Committee be added as a stakeholder.

Moved by Councillor H.J. Gilmour and seconded by Councillor T. Cannon
RESOLVED that (1) Planning Committee be added to the list of stakeholders,

(2) the scoping document be amended to read 'e.g.' dementia friendly areas.

(Scrutiny Officer)

121. WORK PLAN

The Healthy, Safe, Clean and Green Communities Scrutiny Committee Work Plan was circulated for Members' information.

Moved by Councillor H.J. Gilmour and seconded by Councillor C.R. Moesby
RESOLVED that the report be noted.

The meeting concluded at 1108 hours.

Bolsover District Council

Healthy, Safe, Clean and Green Communities Scrutiny Committee

26th July 2016

**Corporate Plan Targets Performance Update – April to June 2016
(Q1 – 2016/17)**

Report of the Assistant Director – Customer Service and Improvement

This report is public

Purpose of the Report

- To report the quarter 1 outturns for the Corporate Plan 2015-2019 targets.

1 Report Details

- 1.1 The attached contains the performance outturn for targets which sit under the 'supporting our communities to be healthier, safer, cleaner and greener' corporate aim as of 30th June 2016. (Information compiled on 14th July 2016)
- 1.2 A summary is provided below:
- 1.3 **Supporting our Communities to be Healthier, Safer, Cleaner and Greener**
- 16 targets in total (1 target previously achieved – H14)
 - 15 targets on track.

2 Conclusions and Reasons for Recommendation

- 2.1 Out of the 16 targets, 15 are on track and 1 has been achieved (previously).
- 2.2 This is an information report to keep Members informed of progress against the corporate plan targets noting achievements and any areas of concern.

3 Consultation and Equality Impact

- 3.1 Not applicable to this report as consultation was carried out on the original Corporate Plan.

4 Alternative Options and Reasons for Rejection

- 4.1 Not applicable to this report as providing an overview of performance against agreed targets.

5 Implications

5.1 Finance and Risk Implications

No finance or risk implications within this performance report.

5.2 Legal Implications including Data Protection

No legal implications within this performance report.

5.3 Human Resources Implications

No human resource implications within this performance report.

6 Recommendations

6.1 That progress against the Corporate Plan 2015-2019 targets be noted.

7 Decision Information

Is the decision a Key Decision? (A Key Decision is one which results in income or expenditure to the Council of £50,000 or more or which has a significant impact on two or more District wards)	No
District Wards Affected	Not applicable
Links to Corporate Plan priorities or Policy Framework	Links to all Corporate Plan 2015-2019 aims and priorities

8 Document Information

Appendix No	Title
1.	Corporate Plan Performance Update – Q1 April to June 2016
Background Papers (These are unpublished works which have been relied on to a material extent when preparing the report. They must be listed in the section below. If the report is going to Cabinet (NEDDC) or Executive (BDC) you must provide copies of the background papers)	
All details on PERFORM system	
Report Author	Contact Number
Kath Drury, Information, Engagement and Performance Manager on behalf of Assistant Director – Customer Service and Improvement	01246 242280

Bolsover District Council
Corporate Plan Targets Update – Q1 April to June 2016

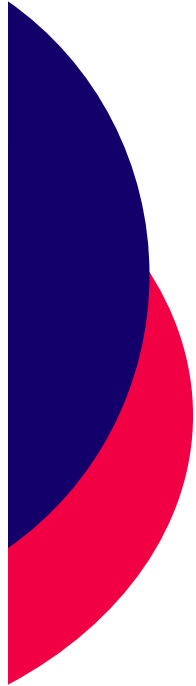
Aim – Supporting our Communities to be Healthier, Safer, Cleaner and Greener

Key Corporate Target	Directorate	Status		Progress	Target Date
H 01 - Deliver a minimum of 8000 hours of positive activity through community based culture and leisure engagement per year.	Transformation	On track		Q1 - At this stage of the year the target figure is 2000 hours, actual performance to date is 3361 - substantially exceeding target	Sun-31-Mar-19
H 02 - Increase participation/attendances in leisure, sport, recreation, health, physical and cultural activity by 3,000 per year.	Transformation	On track		Q1 -Target for quarter is 58,500, we have exceeded the quarterly target by achieving 61,455 to date	Sun-31-Mar-19
H 03 - Deliver a health intervention programme which provides 900 adults per year with a personal exercise plan via the exercise referral scheme.	Transformation	On track		Q1 - Bolsover District Council is commissioned to deliver a health intervention programme by County Public Health. The scheme covers two programmes, the Derbyshire Integrated Wellbeing Approach and Bolsover Wellness Plus. A combined figure of 900 referrals has been set from these two programmes. To the end of June 2016 we have seen 308 clients at a number of different locations including Clowne Sports Centre, Creswell Leisure Centre, Shirebrook Leisure Centre, Welbeck Road Doctors surgery and Frederick Gent Sports Centre	Sun-31-Mar-19
H 04 - Tackle childhood obesity through the delivery of a child focused health intervention programme to all Key Stage 2 year groups by the end of each academic year.	Transformation	On track		Q1 – This period represents the Five:60 programme's final term of the current academic year and the programme will have been delivered to all key stage 2 pupils within the 28 schools in the Bolsover Schools Sports Partnership. The delivery of the scheme in September is already	Sun-31-Mar-19

Key Corporate Target	Directorate	Status	Progress	Target Date
			being planned and schools booked in for the start of the new academic year.	
H 05 - Support 417 inactive 16+ individuals per year & increase their activity levels to more than 30 minutes of moderate intensity physical activity per week.	Transformation	On track	<p>Q1: Please note that targets for year 2 have changed having had discussions with funders and having taken into account shortfall in year 1. Amended target for year 2 is now 340 engaged participants. Total number of engaged participants up to current time is 136.</p> <p>A New Active 4 Life Officer has been appointed and has started work in Whitwell and Bolsover. Stage 2 work has started. He has met with various local people to find out about their physical activity habits as well as what they think of facilities in their community and has been linking with other organisations and agencies which work in the communities including CVP, Parish Councils and the Freedom project. On 7th July the officer will be hosting a have your say event in Carr Vale to further consult with members of the community. Girls Hub session at Hillstown started on 20th June and attracted 4 girls. We know from experience that new sessions can take a couple of months to establish and attract a core group of participants.</p>	Sun-31-Mar-19
H 06 - Provide signposting and support for people who want to volunteer and recruit 60 new volunteers by February 2016.	Growth	On track	<p>Q1: At the end of March 2016, the Volunteering project had recruiting 63 new volunteers against a revised target of 60. The following outputs/outcomes were also achieved: 11 people into employment, 42 volunteering opportunities created, 5,282 volunteer hours and 65 VCS organisations assisted. The project has been extended to end August pending a review of the service which aims to establish the on going needs of volunteer involving organisations across the Bolsover district.</p>	29-Feb-16

Key Corporate Target	Directorate	Status		Progress	Target Date
H 07 - Assist partners in reducing crime by delivering 12 Crime Cracking events in the community each year.	Operations	On track		Q1/2016 - 2 Crime Cracking events held this quarter engaging with 100 people: 20.04.16 - U3A Older Peoples Group, Bolsover Assembly Rooms 06.06.16 - Personal Safety/Crime Prevention awareness event with SNT, The Hub South Normanton	Sun-31-Mar-19
H 08 - With partners organise 3 community cohesion events each year to bring communities together in identified areas.	Operations	On track		Q1/2016 - The Community Cohesion Officer has helped to organise one event in Q1 of this financial year: 26.06.16 - Polish Picnic community engagement event at St Joseph's Catholic Church, Shirebrook	Sun-31-Mar-19
H 09 - Achieve a combined recycling and composting rate of 49% by March 2019.	Operations	On track		Q1 (2016\17) 4,428tonnes of recyclable\compostable waste reported via Waste Data Flow, yielding a combined recycling rate of 49.3% between April and June 2016 estimated based on 2015 Waste Data Flow actual tonnage will be available in July.	Sun-31-Mar-19
H 10 - Sustain standards of litter cleanliness to ensure 96% of streets each year meet an acceptable level as assessed by Local Environment Quality Surveys (LEQS).	Operations	On track		Q1 (2016\17) LEQS's established 0% of streets and relevant land surveyed fell below grade B cleanliness standards resulting in 100% meeting the target standard. The establishment of reviewed operational cleansing programs and inspection arrangements have continued to improve litter cleanliness standards when compared to Q1 2015\16 (4%).	Sun-31-Mar-19
H 11 - Sustain standards of dog fouling cleanliness to ensure 98% of streets each year meet an acceptable level as assessed by Local Environment Quality Surveys (LEQS).	Operations	On track		Q1 (2016\17) LEQS's established 0% of streets and relevant land surveyed fell below grade B cleanliness standards resulting in 100% surveyed meeting the standard and within the 98% target set.	Sun-31-Mar-19
H 12 - Annually undertake 10 local environmental enforcement and educational initiatives in targeted areas to deal with dog fouling, littering or fly tipping.	Growth	On track		Q1 - One enforcement initiative was delivered at Barlborough (fly tipping/littering) Scrutiny recommendations are being progressed and a litter strategy will be drawn up to help to raise the profile of	Sun-31-Mar-19

Key Corporate Target	Directorate	Status		Progress	Target Date
				Council enforcement work, increase publicity/media coverage and a programme of interactions with schools.	
H 13 - Develop an action plan for the improvement of each of the four town centres by March 2017.	Growth	On track		Q1 - Regeneration Frameworks - In April and May there has been four public consultation events and settlement workshops with district-wide agencies and individuals' community groups, thematic interest groups, business community etc. In addition the Interim Report was presented to BDC Cabinet. Consultants Bauman Lyons Architects have since produced an Initial Draft Framework for consideration. Contributed to the Visitor Economy (EAFRD) Group to develop further the application for centres connectivity.	Fri-31-Mar-17
H 15 - Reduce energy use in sheltered housing schemes by 10% by March 2019.	Operations	On track		Q1 - 2016/17. Detailed proposals agreed, Phase 1 of work to be tendered during Q2. (Awaiting baseline data, contained within the reports we have commissioned)	Sun-31-Mar-19
H 16 - Replace each year 200 gas fired back boilers in our Council houses with more efficient 'A' rated combi boilers.	Operations	On track		Q1 - To end of June we fitted the following numbers of boilers: 20 fitted by BDC operatives 121 fitted by contractor Total 141	Sun-31-Mar-19



The Young Voice

'Things to do places to hang out
Survey'

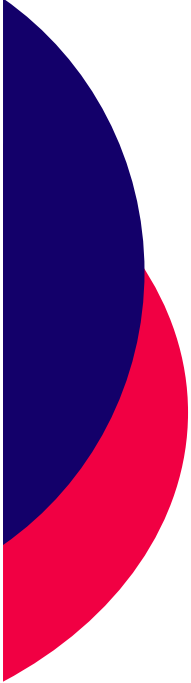
2016



Summary of Responses

- 3 schools – Frederick Gent, Shirebrook Academy and Stubbin Wood
- 894 surveys returned
- Majority of students were aged either 15 (30%) or 14 (29%)
- Equal split of males and females 50%

Activities already aware of/interested in

- 
- Touch Rugby League (83%), followed by Extreme Wheels (76%) and Shirebrook Basketball (71%)
 - Fun Zones in Creswell (Swimming) (79%), Street Games in Bolsover (multi sport) (74%) and Female Teen Fit (72%) in Clowne

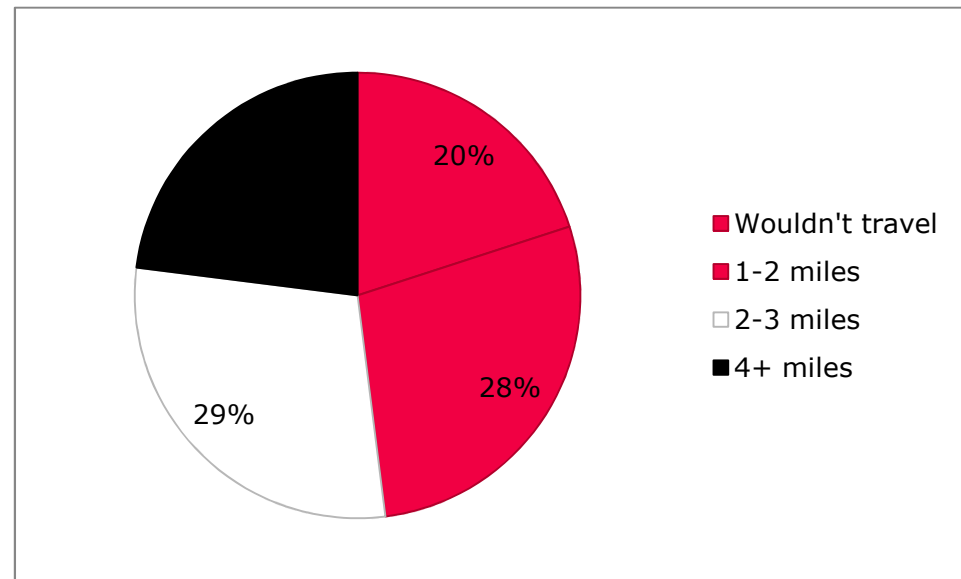


Suggested activities

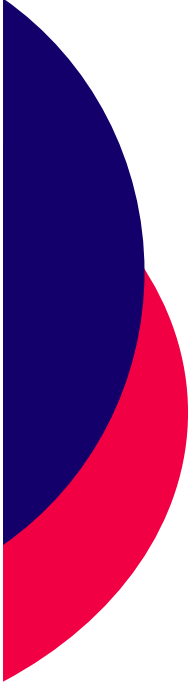
Most popular activities:

- Trampolining = 33 students
- Dance = 21 students
- Football = 19 students
- Gymnastics = 19 students
- Swimming = 15 students

Travel



Cost



Cost	%
Up to £2	31
Up to £4	24
I would not be willing to pay	19
More than £4	16
Up to £0.50p	10



What makes you feel safe?

- Friends = 79 students
- Location/street lighting = 25 students
- Staying at home = 20 students



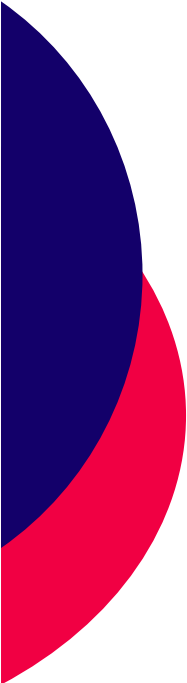
What makes you feel unsafe?

- Anti-social behaviour/fears for safety = 207 students
- Lack of lighting = 6 students
- Car/drivers = 4 students
- Litter = 2 students

Where do you mainly hang out inside?

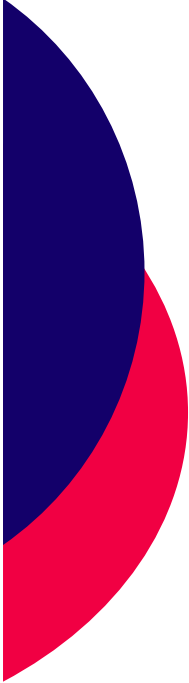
Place	Number of students
Home	3
Bedroom	3
McDonalds	1

Why do you mainly hang out inside?



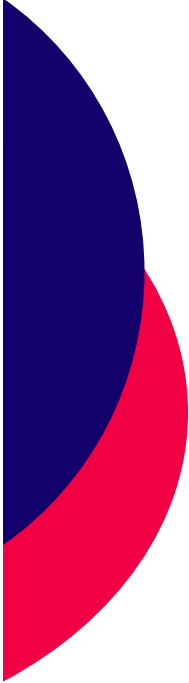
Why	Number of students
Weather/cold	25
Prefer to play on phone/go on social media/xbox/tv	15
Safety concerns	15
Don't want to go outside/don't like it	6
Friends don't live near to me	2

Where do you mainly hang out outside?



Place	Number of students
Home/friends house	24
Specific locations (Post Mill)	2
Club	6
McDonalds	8

Why do you mainly hang out outside?



Why	Number of students
Meet/socialise with friends	61
Its fun/More to do outside/more room	39
Fresh air/play sport/better for you	18



Supervised Places

- But where young people do what they choose
- Yes = 15%
- No 35%
- Don't know = 50%



Promotion

- Information in schools (490), facebook (461) and text message (357) most popular
- 91% of students have not visited BDC social media – facebook most popular
- 78% access social media everyday, 10% stated never



Suggested Actions

- Involve Youth Council in design of marketing and promotion of activities for young people

Gender

Female: 60.78%

Male: 39.22%

Activities not currently available:

Leisure Centre, Swimming, Ice Skating.

How far would you travel:

9.8% wouldn't travel

31.37% 1-2mi

37.25% 2-3 mi

21.57% 4+ mi

How much to pay:

13.37% wouldn't pay

9.8% up to 50p

25.49% Up to £2

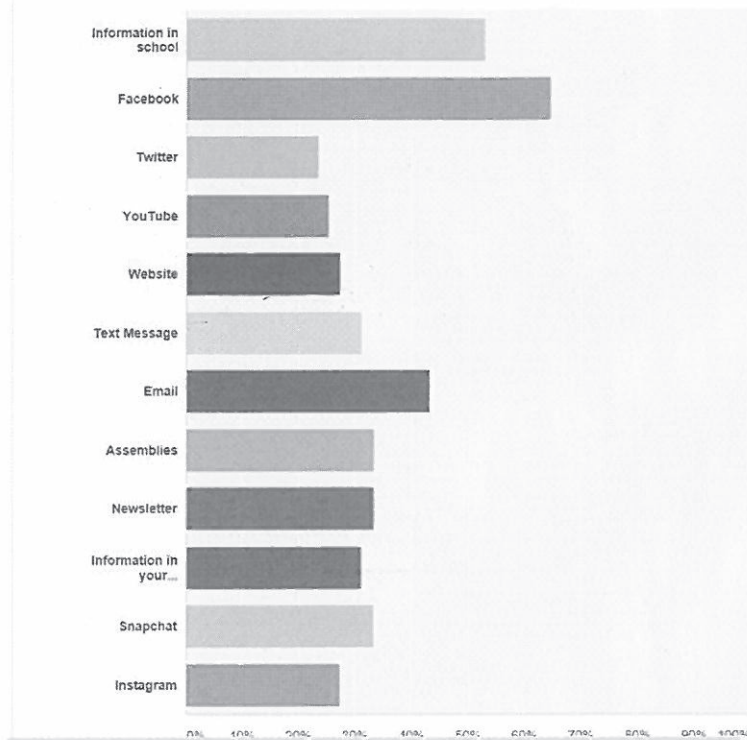
27.45% Up to £4

23.53% £4+

Not enough safe places especially indoors.

Home, park, shopping (not in BD)

Not enough supervised activities



Majority skipped,

BDC Sports District 44%

BDC Twitter 11%

YouTube 33%

BDC Family 11%

How often on social media?

Daily: 86.27%

Weekly: 3.92%

Monthly: 3.92%

Never: 5.88%



Better Care Closer to Home

Have your say...

Public Consultation
29th June - 5th October 2016



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Why do we want to make these changes?	6

The Proposals

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What about staff?	15
How much will it cost?	15
Where can I get more information about this consultation?	16

Freepost questionnaire
at the back of this document

If you require the information in this document in another format or language please contact us. Our contact details are on page 16.

Introduction

The message was clear from people in North Derbyshire when we began asking what changes are needed to the healthcare system.

They said services are generally good quality, but sometimes people fall through the gaps between the health and social care system and it is difficult to find a way through. They also said they want care closer to home.

This lack of joined-up care is a source of frustration for patients and carers, as well as for health and social care professionals.

The demand for services is also changing. People in North Derbyshire are enjoying longer lives than ever before, in common with the rest of England. The number living into older age with lots of different conditions and needing care is rising.

For example, there are currently 6,000 people in North Derbyshire with dementia, which is expected to rise to 7,000 in five years according to our analysis.

Periodically we check that services are organised in the best way to meet current and future needs. We know existing services are under strain and soon the system won't cope with people's needs.

In 2011 we began discussing with patients, the public and health and social care professionals about how to join up health and care services as part of a major programme of improvement called 21C #JoinedUpCare (21C).

We considered advances in medicine and new ways of working. For example, many hospital-based services can now be provided safely in the community nearer to people's homes if there is appropriate investment. Also teams could be made up in new ways allowing staff from different organisations to talk to each other and join up their services so patients get more seamless care.

This could be achieved with a network of local 'community hubs' throughout North Derbyshire. There is more information about this on page 9.

It is also important to recognise that we have a restricted budget. Our duty is to use these funds wisely for patient services.

For these reasons we are now talking to you about making significant changes in this public consultation called 'Better Care Closer to Home'. It is the first public consultation that is part of the 21C programme. This document sets out our proposals.

It is important that you know the CCGs will not rush changes, and no services will be stopped without first seeking your views on the proposed changes.

How did we develop our proposals?

The proposals in this document have been developed by North Derbyshire Clinical Commissioning Group and Hardwick Clinical Commissioning Group (known as the CCGs). The CCGs are clinically led organisations with public members, health and social care professionals including GPs, nurses and hospital doctors sitting on the CCGs' Governing Bodies. CCGs don't act alone.

For this important programme we are working in partnership with:

- Patients and the public through a series of public engagement workshops across North Derbyshire attended by members of the public, local councillors, Patient Participation Group representatives, voluntary organisations and Healthwatch.

We also work with these partner organisations.

- Chesterfield Royal Hospital NHS Foundation Trust (CRH)
- Derbyshire Community Health Services NHS Foundation Trust (DCHS)
- Derbyshire County Council (DCC)
- Derbyshire Healthcare NHS Foundation Trust (DHT)
- Derbyshire Health United (DHU)
- East Midlands Ambulance Service (EMAS)
- GPs
- NHS England (NHSE)
- Voluntary sector organisations

Source material informing statements made in this document are available on the consultation website, (see 'Where can I get more information about this consultation?' on page 16).

The Governing Bodies of the CCGs, as the planners and commissioners of services for North Derbyshire populations, will take into account your views when making the final decision on any changes to services. No decisions have been taken yet.

Map showing the eight communities in North Derbyshire

- 1 Dronfield & North East
- 2 North Bolsover
- 3 Chesterfield East
- 4 Chesterfield Central
- 5 South Hardwick
- 6 Dales
- 7 Buxton
- 8 High Peak



Which services are we consulting you about?

This consultation is about the following services:

- older people receiving inpatient care in a community hospital usually after a spell of care at a district general hospital following an illness or accident, and
- older people with dementia who presently receive services from community hospitals.

These services being considered are provided at six community hospitals:

- Bolsover, Cavendish (in Buxton), Clay Cross, Newholme (in Bakewell), Walton (in Chesterfield) and Whitworth (in Darley Dale).

The proposals set out in this document were decided upon after a careful process involving the individuals and groups listed earlier. There is more information online at www.joinedupcare.org.uk about how we decided there would be a single option for consultation.

There is a document online entitled 'How we developed the proposals'.

This document, however, explains the changes we are proposing and why we believe they are necessary.

Your views are important and we want to hear your thoughts about our proposals. We encourage you to read this document carefully before responding to the consultation. Full details of how to respond to this consultation can be found on page 16.

Why are we consulting?

This is the first consultation under the umbrella of 21C#JoinedUpCare, its aim is to find new ways of working together that improve services and use public money in the best possible way. We are consulting you now about those services that we are ready to change for the better.

We believe in having a genuine two-way conversation with our residents when we are planning changes to services.

By listening to the views of the public about the services we plan and commission, we can learn to do things better. For example, throughout the planning of this consultation members of the public have been a part of the decision-making process that has shaped the model of supporting people at home rather than in hospital.

This consultation is your opportunity to have your say on the future shape of health services in North Derbyshire (see map opposite).

We want the health and care system to keep people:

- Safe and healthy
- At home
- Independent

...which will be founded on building strong, vibrant communities.



Why do we want to make these changes?

Doctors, nurses, therapists and other health and social care professionals now agree people should be cared for in or near to their own homes where it is safe to do so.

People do better mentally and physically if they can be cared for closer to home by health and care staff based in the community. There is plenty of national expert evidence to support this.

We know medical opinion mirrors people's wishes. People tell us they want better care as close to home as possible as many feel no bed is quite like their own bed.

The most poorly patients will still need inpatient care. Under our proposals everyone who needs inpatient care will receive it. People should then be enabled to go home as soon as possible to avoid the unwanted effects of long stays. Older people risk never going home if kept in hospital unnecessarily.

Presently too many older people in North Derbyshire are in hospital beds who would do much better at home if there were better community-based services in place. People with dementia, for example, cope much better in familiar surroundings.

Additionally there is also a shortage of some specialist doctors and nurses. Soon existing services will not be able to meet the growing demand or there won't be sufficient staff for the community hospital beds within our budget.

North Derbyshire is not unique. Challenges to the safety and quality of services are facing the NHS elsewhere and are national NHS issues. For this reason a number of nationally recognised experts, including doctors, are examining the best way to provide safe, high-quality care for the future. Their conclusions are based on evidence and must be followed by the local NHS. We must take their advice into account.

So the health and care commissioners and providers in North Derbyshire have agreed that change is needed. We have already been doing more community-based care in parts of North Derbyshire.

The 21C programme partners have built up good experience over the years of transforming services. Some people are already being supported to avoid unnecessary admissions and are staying as well and as independent as possible in their own homes or communities.

Now the system needs to be set up differently to run community-based services on a bigger scale. We will do this through a network of local 'community hubs'. These are explained in detail on page 9.

Community Hubs are central to the changes we want to make both now and in the future when we are ready for the next stages of the 21C programme.

The proposals

Outlined on the following pages are our proposals for change.

Please read these proposals carefully and tell us what you think. We will listen to your views and take them into consideration.

We want to be as clear as possible about how the proposals work in practice and so, in describing our proposals we often use the word 'will'.

However we do not mean that decisions have already been made. No decisions about the proposals will be made until after the consultation has closed and all views have been taken into account fully.



Proposal one: developing more community-based services

Joined-up care closer to people's homes is at the heart of this consultation.

It is different to the present system of hospital-based care. Nowadays much more care can be safely delivered in people's homes compared to years gone by.

Medical opinion mirrors public views in North Derbyshire: they agree that care closer to home is much better.

We want to respond to these views but healthcare services in North Derbyshire currently don't support this as well as they can.

For example, older people with dementia routinely travel for care or an appointment, sometimes quite far. This is one example of how patients experience disjointed care which is not easy to access.

Others are inpatients in community hospitals even though they could be safely cared for at home if there were more community staff. Patients are often admitted to community hospitals which are not within their own community.

This proposal is about making changes to the system so that people can be supported in their own homes and communities much better. It will work alongside the healthcare already provided by GP practices and existing community services such as mental health teams.

The CCGs will monitor the quality of the proposed services if we make these changes.

We will decide exactly where and how services might be delivered after considering the responses to this public consultation. We will keep the public and stakeholders informed and involved when reaching decisions on these important issues.

This proposal will develop more community-based services by:

- significantly expanding community-based care to create 'Integrated Care at Home' teams of health and care staff who will work together locally, to care seamlessly for older people, who are ill or have had an accident, in or near their own homes
- providing local 'Beds with Care' typically in existing residential and nursing homes in communities throughout North Derbyshire for older people who need extra support for a short time to regain their independence after an illness or accident
- making it easier for people with early dementia to use some dementia services by moving these services out of Dementia Day Units (which are part of community hospitals) nearer to, or providing them in, their homes
- introducing 'Dementia Rapid Response Teams' to intervene when an older person with severe dementia is having a crisis which would presently usually require hospital admission
- setting up local 'Community Hubs' to enable the teams to work closely together to provide support to older people near to or in their own homes in the eight natural communities of North Derbyshire (please see map on page 4).

'Integrated Care at Home' teams

We will significantly expand existing community-based services to form 'Integrated Care at Home' teams that will be based locally in each of the eight communities of North Derbyshire.

Teams will be made up, according to local needs, of therapists, nurses, doctors and care staff working closely with a patient's GP and other community-based staff.

The 'Integrated Care at Home' teams' purpose will be to work quickly with older people who are ill or have had an accident to get the right support in place quickly so that a patient can go home as soon as they are well enough.

There will be one Integrated Care at Home team for each of the eight communities. This is the right number to meet the needs of the people who will use this service. We know this because a team of clinicians, professionals and managers have analysed the number of people in North Derbyshire who would benefit from this type of care who presently receive care from a community hospital. They also looked at how many staff will be needed to provide an Integrated Care at Home service in future.

Beds with Care

We know some older people who are recovering from illness or an accident will still need more care than we can safely provide at home. We will provide 'Beds with Care' in more home-like environments which are in the heart of the community they live in. These will typically be in existing care homes and will be fully funded by the NHS.

'Integrated Care at Home' team staff, who will be the same staff who carry out care in people's homes, will also visit care homes to provide the healthcare services needed by the NHS-funded patients. People will then be able to join in the usual activities of the care homes which will promote independence and well-being.

The exact location of the sites for beds with care has not been decided upon. However they will be distributed around North Derbyshire to meet local needs in the communities that they serve.

We will make sure that the places accommodating the Beds with Care meet the appropriate national quality standards. Care homes are inspected by the Care Quality Commission, which also inspects hospitals and other places that offer health and care services.

Dementia Rapid Response Teams

Our proposal includes providing a high quality and safe alternative to admission to a community hospital for people with severe dementia because of an urgent care need related to their symptoms.

Our analysis shows that at present half of patients presently admitted in this way could be safely cared for in their own homes if the right community staff were in place.

We will introduce Dementia Rapid Response Teams who can react quickly to support people in this way.

There will be two teams. This is the right number to support those with the most severe symptoms who are having a crisis. We know this because we have analysed the number of people affected. Currently there are around 900 people in North Derbyshire with severe symptoms. Of this group, there are around 243 admissions each year because of a crisis.

Teams will work from 8am to 8pm, seven days per week and will be made up of health and care staff with specialist skills and knowledge in psychology, psychiatry, nursing, occupational therapy and pharmacy. The team will be run by a manager with administrative support.

Our analysis suggests a small number of people with severe dementia will have an urgent care need between 8pm and 8am. They will be supported by the on-call older adult psychiatrist and may be admitted if required.

Care closer to home for people with early to moderate dementia

We want older people who have recently received a diagnosis of dementia or are living reasonably well with their condition to receive care nearer to or in their own homes.

Presently older people must travel to one of three Dementia Day Units based in Bolsover, Newholme or Walton community hospitals. Some people travel for long distances to receive care.

We know that people with dementia often prefer to stay at home. Under our proposals care will be given much nearer to home for the vast majority of patients than currently happens.

Community-based teams will in future provide the same dementia services at or near to people's homes that are presently located at Dementia Day Units.

We predict that this will improve care for older people with earlier dementia.

For example, currently only a third of people who would benefit from the Living Well With Dementia programme are attending. This programme, which gives people important information and understanding about their condition, is most effective if attended soon after diagnosis. It will be provided nearer people's homes in community centres making it much easier for people to attend.

The proposed new arrangement of services also takes carers into account. We will provide the same level of carer assessment and support for a time-limited period for carers of those patients who are currently eligible to attend a Dementia Day Unit.

Community Hubs

We know it's not enough for the 21C partners to say staff must work better together. We need to make changes to the system which allows this to succeed.

We want to introduce a 'community hub' to each of the eight communities in North Derbyshire, (map on page 4).

Community Hubs will bring together community healthcare staff and services in each community, including the Integrated Care at Home teams, the management of Beds with Care, the teams who run the Living Well With Dementia programme and the Dementia Rapid Response Teams.

Hubs may bring teams together in a physical location, or may be a network of services working closely together. Staff will be able to share information more easily and this will help them get to know the people who most need services in their local area.

It means we will be able to join services up more effectively so patients have the right care at the right time in the right place.

Community hubs will work from 8am to 8pm, seven days per week throughout North Derbyshire.

We want community hubs to become part of each local community, and build relationships with other services that could make a difference to people's health and wellbeing.

For example, communities often have established voluntary sector services which alleviate isolation or offer supportive services or respite for informal carers.

Our aim is that over time we want the hubs to become magnets for other health and social care services.

Our proposals will mean the most vulnerable people would get the care they need more easily. For example, staff will be able intervene quickly with patients with severe dementia to prevent an issue escalating into a crisis and avoid distressing the patient with an unnecessary admission.

It is important to understand that to be able to cope with the care needs of people in North Derbyshire in the future we need to make these changes now. We know that experts predict there will be many more older people needing care in the very near future and that number will continue to grow.

We know that these changes will work

The changes we are proposing have been made elsewhere. There are good examples of outdated services being changed for the better.

We have considered these examples, such as the changes made by Great Yarmouth and Waveney Clinical Commissioning Group, while planning the proposals that are described in this document.

Dementia Rapid Response Teams are running in Sheffield and South Derbyshire. Significant numbers of older people with severe dementia remain at home and avoid an unnecessary hospital admission. In Sheffield, over time, the number of beds required for inpatient treatment has fallen by over half.

A Dementia Rapid Response Team began working in South Derbyshire in April 2015. The team's services include community mental health nursing, occupational therapy, physiotherapy and consultant psychiatry.

Early reports are that the South Derbyshire service has been well received by carers. Nine out of ten of those who responded to a recent questionnaire said the team understood what the carer was experiencing and found the service helpful.

Half of those seen by the team live at home and the other half live in a care home. The team are able to support carers to avoid unnecessary admissions to hospital because of a crisis.

There has been a reduction in the number of people with severe dementia admitted to hospital and there were soon spare beds.

We have been making improvements in community services in North Derbyshire for some time. More people are being supported to avoid unnecessary admissions and lengthy stays in hospital. Derbyshire Community Health Services NHS Foundation Trust (DCHS), which provides community-based care in North Derbyshire, has seen a reduction in the number of beds needed.

Derbyshire County Council (DCC) has been transforming services to give better care for many years. The NHS and DCC are working together to provide more suitable care for older people who are not quite ready to go home after a spell of inpatient hospital care.

In Dronfield and east Chesterfield some older people who are recovering from accident or illness, and need extra care, are using a small number of beds with care at The Staveley Centre, Stonelow Court and The Grange Care Home. Two are directly owned and run by DCC.

All are regularly inspected by the Care Quality Commission (CQC) and met CQC quality standards at the last inspection (correct May 2016). Positive comments were recorded from people including family members and residents about the quality of care and staff.

NHS staff visit NHS patients in these homes to provide health services including physiotherapy and occupational therapy to increase independence.

We believe this is better for patients. A senior panel of expert clinicians, called the East Midlands Clinical Senate, supported the view that our plans for improving community-based services are based on sound evidence and best practice.

There now have to be major changes to how the system is organised if it's to be available to all.

Proposal two: community hospitals

When we have improved and increased community-based services so the majority of people can be safely cared for in or nearer to their own homes, far fewer will need to be admitted to or to attend a community hospital.

There is more information about why this is better for patients on page 6 and how we plan to do this safely and effectively is set out in proposal one on page 7.

We are basing our plans on our research and experience that shows if effective community-based care is provided then demand is expected to fall for community hospital beds. This means that up to 50 percent of patients who are currently inpatients in a community hospital bed will no longer need to be admitted and can be more appropriately cared for closer to home.

Evidence shows these patients will be physically and mentally better off. This is further explained online at www.joinedupcare.org.uk, in a document entitled 'Why community-based care is better for patients'.

There will be sufficient hospital beds in North Derbyshire under our proposals for those patients who are too poorly to be safely cared for at home.

We will provide specialist rehabilitation hospital beds in the east and west of North Derbyshire. These are hospital beds with round-the-clock nursing care for older people who need inpatient care, usually to recover from an accident or illness. It will be part of their plan to regain sufficient health and independence to go home.

During times of crisis, older people with the most severe dementia symptoms will be cared for at a centre of excellence to be established at Walton Hospital. This means there will be consultant psychiatric cover on a daily basis.

Many patients already go to Walton Hospital for specialist inpatient care, others receive care in neighbouring counties and may continue to do so in the future. The proposals are designed so that patients

This proposal is to:

- permanently close over time 84 community hospital beds at the Bolsover, Clay Cross, Cavendish (in Buxton), Newholme (in Bakewell) and Whitworth (in Darley Dale) sites and replace with Integrated Care at Home teams and local Beds With Care, eg: in care homes, as set out in proposal one
- provide specialist rehabilitation hospital beds for older people who are not well enough to go home but are recovering from a spell in hospital following an accident or illness by:
 - changing the use of Cavendish Hospital to provide 8 specialist rehabilitation hospital beds in the west of North Derbyshire, and
 - opening 24 specialist rehabilitation hospital beds in the east of North Derbyshire at Chesterfield Royal Hospital
- permanently close over time 20 older persons' mental health community hospital beds at the Cavendish and Newholme sites and replace with new Dementia Rapid Response Teams who will support older people with severe dementia who are having a crisis or urgent care needs at home as set out in proposal one
- establish a centre of excellence at Walton Hospital (in Chesterfield) where older people with the severest dementia symptoms will be admitted as inpatients for specialist care because they cannot be safely cared for in their homes
- The Dementia Day Units at Bolsover, Newholme and Walton sites will close when the dementia day unit services are moved and provided locally in or near to people's homes.



being cared for at home by Integrated Care at Home teams and Dementia Rapid Response Teams could be referred for admission if needed.

Everyone who needs inpatient treatment under our proposals will be admitted.

Elsewhere in this document we have explained in detail why we believe a complete system change is needed in the best interests of all patients who use the services we have been reviewing (see 'Why do we want to make these changes?' on page 6 which covers this point more fully).

When Integrated Care at Home teams and Dementia Rapid Response Teams take over the care of older people in their homes as described in proposals one and two, our analysis indicates we will no longer need as many community hospital beds.

Over time as these beds are no longer needed, we will close the beds listed at these sites: Bolsover (16 community hospital beds), Cavendish (16 community hospital beds and 10 older people's mental health beds, replaced by 8 specialist rehabilitation hospital beds), Clay Cross (16 community hospital beds), Newholme (16 community hospital beds and 10 older people's mental health beds) and Whitworth (20 community hospital beds).

It is also important to understand another impact. We cannot significantly increase the health and care staff based locally in communities to care for people in their homes AND have as many community hospital beds.

This is because we will use the money that we now spend on staffing and keeping the affected community hospital beds open to set up and run the new Integrated Care at Home teams and Dementia Rapid Response Teams.

Proposal three: looking at the community hospital sites in detail

We have explained elsewhere in this document how improving and increasing community-based services will improve services for patients (see page 6). We predict a fall in demand for community hospital beds will follow. Therefore we are considering the impact on our community hospitals in future.

The seven community hospitals in North Derbyshire under consideration as part of this proposal are Bolsover, Buxton, Cavendish (in Buxton), Clay Cross, Newholme (in Bakewell), Walton (in Chesterfield) and Whitworth (in Darley Dale).

Many people assume that community hospitals are being fully used for patient services. In reality significant parts of a few are not used at all or are being used as offices. All have maintenance costs and overheads.

We included Buxton Hospital in developing this proposal because we wanted to understand the full impact of our proposals when reflecting on our key duty to manage our budget well.

One of our important duties is to spend taxpayers' money wisely to provide the best possible range and quality of safe services for people in North Derbyshire.

We know that if we spend money to maintain largely unused buildings then that money cannot be spent on staff or equipment that is needed.

So we considered each site according to:

- the services currently provided there
- whether the proposals would have a direct impact on those sites, and
- whether those services unaffected by the proposals need to be delivered from a hospital.

We found four of the sites had other uses such as housing important and expensive equipment, for example, x-ray facilities, that can't easily be moved.

Three sites - Bolsover, Clay Cross and Newholme - were then given more detailed consideration.

We found that our proposals if implemented will significantly reduce the amount of space being used for patient services in two sites to the point where we cannot justify keeping them open.

The two sites in question are Bolsover and Newholme hospitals. There is more information online about the site implications at www.joinedupcare.org.uk.

If proposals one and two go ahead, these sites will provide only a limited number of outpatient and therapeutic clinics.

Under this proposal the remaining services will be provided elsewhere locally, for example in community health centres or in patients' homes. There will be no reduction in these services.

We will decide exactly where these services will be located after considering the response to this public consultation. We will keep the public and stakeholders informed and involved appropriately.

Many services have already been moved in this way from Bolsover Hospital over the years because patients find other locations easier to get to.

This proposal is about

- **Bolsover Hospital and Newholme Hospital will over time no longer be needed for NHS services and will close when their inpatient and Dementia Day Unit services have been replaced by alternative, or reprovided, services as set out in proposals one and two.**



What about staff?

This consultation is about introducing positive changes by removing organisational barriers and basing staff in the community so people in North Derbyshire can have the right combination of better quality services closer to home.

All the organisations involved in this consultation serve the same communities and often care for the same people. If they can be enabled to work together then this will benefit patients by cutting out duplication and gaps.

We will be working with Derbyshire Community Health Services NHS Foundation Trust to support the staff who presently provide care in community hospitals to take up posts in the Integrated Care at Home teams, Dementia Rapid Response Teams and across the other services we provide in the community. We will also need more therapists and social care staff.

How much will this cost?

Elsewhere in this document we have explained that the present situation cannot be allowed to continue. This is for important reasons including the quality of patient care and the rising number of older people in the near future who will need the services under discussion in this public consultation.

Neither can we ignore the financial implications of the future demand for services.

All public bodies, which includes the NHS, rely on tax-payers' money to fund services. We have a duty therefore to spend this money on an arrangement of services which provides the best quality of care that is possible within the budget available.

It presently costs £22.4m to provide beds for older people who need care because they are recovering from an accident or illness or because they have a crisis relating to their severe dementia symptoms and those services currently provided by Dementia Day Units.

If we do nothing then we cannot improve services and the costs to provide the same level of service to all those who need it will rise by £6.8m over the next 5 years, assuming the current models of care don't change.

If we make the changes that we have described then the quality of care will improve but also, importantly, we will be able to provide more of the better quality services to all the people who will need it within our existing budget.

Where can I get more information about this consultation?

If you want to find out more information, please email us at enquiries@northderbyshireccg.nhs.uk, contact our telephone consultation helpline on 01246 514176, or go to our website at www.joinedupcare.org.uk

Here you will find lots of other useful documents including:

- Patient stories describing experiences of services like the ones that we want to provide
- A video about the consultation and the changes needed
- More explanations about the details of the changes we want to make
- A full business case which sets out the clinical evidence and background to the proposals
- Information about how pre-consultation shaped this document
- Equality impact assessments

What happens next?

Throughout the consultation process the CCGs' Governing Bodies will be kept informed about the progress of the consultation and the comments received about our proposals.

The final decisions about these proposals will only be made by the CCGs' Governing Bodies after careful consideration of the public consultation feedback.

A copy of these decisions will be sent to all those who included their email address when they sent their views. It will also be published in full on the www.joinedupcare.org.uk website.

Some parts of our proposals have yet to be decided including where we will locate the Beds with Care in the communities and where we will move the outpatients and therapeutic services, which are currently at Bolsover and Newholme community hospitals. When we make these decisions we will take into consideration the comments we receive during the consultation. We will also consider other factors. Further details can be found online at www.joinedupcare.org.uk in a document entitled 'How we developed the proposals'.

Will what I say make a difference?

Yes. It is your opportunity to let the CCGs know your views. The CCGs know that people may become anxious about the news that the services available to them are going to change. We invite you to take this opportunity to become involved because we will be able to take account of your views. We also believe it will enable you to build confidence in the future of the services available to you.

How can I give my views?

1. **Complete the online version of this consultation questionnaire:**
www.joinedupcare.org.uk
2. **Download the consultation feedback form from the website:**
www.joinedupcare.org.uk
3. **Complete the questionnaire and post it to:**
FREEPOST Better Care, North Derbyshire CCG Headquarters, Nightingale Close, Chesterfield S41 7PF
You can tear it off and either fold and seal following the instructions or put it in an envelope using the freepost address above.
4. **Give us your views in person by attending one of the public meetings we have set up.**
At these meetings you will also be able to ask questions about the proposals. Please note the doors will open to the public half an hour before the meeting start time.
Public meetings will take place from 6pm till 8pm at the following locations:

Monday 4th July
Bolsover School S44 6XA

Thursday 7th July

Bakewell Agricultural Centre DE45 1AH

Monday 11th July

Whitworth Centre, Darley Dale DE4 2EQ

Tuesday 12th July

Buxton Pavilion Gardens SK17 6BE

Thursday 14th July

New Mills Town Hall SK22 4AT

Monday 18th July

North Wingfield Community Centre S42 5PW

Wednesday 20th July

Dronfield Civic Hall S18 1PD

Thursday 21st July

Chesterfield College Heart Space S41 7NG

Monday 25th July

Bolsover School S44 6XA

Wednesday 27th July

Bakewell Agricultural Centre DE45 1AH

Thursday 28th JulyConey Green Business Centre, Clay Cross
S45 9JW**5. Write a letter and send it to the freepost address:**FREEPOST Better Care, North Derbyshire CCG
Headquarters, Nightingale Close, Chesterfield
S41 7PF**6. Get involved on social media**

@21CNorthDerbys

When do I have to make my comments by?

You can start making your comments from 12pm on Wednesday 29th June 2016. The consultation closes at 12pm on Wednesday 5th October 2016.

Monitoring

The CCGs are committed to the principle of effective consultation on these proposals. We will be following all current guidelines on public consultation. An independent academic will assist us by monitoring the consultation process and providing an independent analysis of the feedback we receive.

The CCGs and some of the partners involved in this consultation operate the NHS Complaints System. If you have any comments about this consultation process, please contact Complaints and Customer Care Service on Freephone 0800 0323235.

Questionnaire

This questionnaire is for you to respond to our consultation about Better Care Closer to Home.

This consultation is about the following services:

- older people receiving inpatient care in a community hospital usually after an illness or accident, and
- older people with dementia who presently receive services from community hospitals.

These services are provided at six community hospitals:

- Bolsover, Cavendish (in Buxton), Clay Cross, Newholme (in Bakewell), Walton (in Chesterfield) and Whitworth.

We also considered the implications of our proposals for the community hospitals listed and Buxton Hospital.

You should read the consultation document before completing this survey.

For more details about these proposals go to **www.joinedupcare.org.uk**

You are invited to respond to all or any of the questions in this consultation.

This consultation will commence at 12pm on Wednesday 29th June 2016 and close at 12pm on Wednesday 5th October 2016.

This survey will take about 30 minutes to complete.

All responses will be treated as confidential. Responses will be analysed by an independent academic, Dr Steven Wilkinson (steven.wilkinson@uea.ac.uk). A final report containing this feedback will be provided to the CCGs as soon as possible.



Better Care Closer to Home

Have your say...

To help us understand your feedback we would like to know a little about who you are and/or who you might represent.

Please moisten, fold and seal here

Please moisten, fold and seal here

I am responding on behalf of:

Myself

Please provide your postcode:

A group or organisation

Name of group or organisation:

Who does the group or organisation represent?

Are you a carer for someone with a long-term condition?

Yes

No

Other (please specify)

We want to make sure that we hear from all sections of the community. It would help us to know who has responded.

We would be grateful if you could tell us a little about yourself by answering the questions below. This anonymous information will only be used to help us understand the results of the consultation.

I am

- Under 25
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 75
- 76 and over
- Prefer not to say

How would you describe your sexual orientation?

- Heterosexual
- Lesbian woman
- Gay man
- Bisexual
- None of the above
- Prefer not to say

If you describe yourself as having a disability, which type of disability do you have?

- No disability
- Physical disability
- Mental ill health
- Sensory impairment
- Learning disability
- Prefer not to say

If you have a faith or belief system, which faith or belief system are you?

- Agnostic
- Atheist
- Baha'i
- Buddhist
- Christian
- Hindu
- Humanist
- Jewish
- Muslim
- Sikh
- Spiritual but not belonging to any particular religion
- Prefer not to say

Which ethnic group do you consider yourself to belong to?

- White British
- White Irish
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Black or Black British Caribbean
- Black or Black British African
- Chinese
- Prefer not to say

Integrated Care at Home Teams

The proposed service changes would include significantly expanding community-based care teams. These will be called Integrated Care at Home teams comprising health and care staff who will work together locally, to care seamlessly for older people, who are recovering after a period of inpatient treatment at a district general hospital following illness or an accident, in or near their own homes.

What do you think about this proposal to expand community-based care teams?

Beds with Care

The proposed changes would include providing local 'Beds with Care' in existing residential and nursing homes in communities throughout North Derbyshire for older people who need extra support for a short time to regain their independence after hospitalisation for an illness or accident.

What do you think about this proposal to provide local 'Beds with Care' in existing residential and nursing homes in communities throughout North Derbyshire?

Dementia Day Units

The proposed service change would mean making it easier for people with early dementia to use some dementia services by moving these services out of Dementia Day Units (which are part of community hospitals) so they are provided nearer to, or in their homes.

What do you think about this proposal to close Dementia Day Units at:

Walton

Newholme

Bolsover

Dementia Rapid Response Teams

The proposed service change would include introducing Dementia Rapid Response Teams to intervene when an older person with severe dementia is having a crisis which would presently usually require hospital admission.

What do you think about this proposal of introducing Dementia Rapid Response Teams?

Community Hubs

The proposed service change would include setting up local 'Community Hubs' to enable the teams to work closely together to provide support to older people near to or in their own homes in the eight natural communities of North Derbyshire. The Community Hubs may not be located within a building, they will be sufficiently flexible networks designed to serve the population.

What do you think about this proposal of setting up local 'Community Hubs'?

Community Hospitals

This proposal is to permanently close community hospital beds and replace these with Integrated Care at Home teams and local 'Beds with Care' in nursing or residential homes as set out above. The proposed bed closures would include:

- 16 beds at Bolsover
- 16 beds at Cavendish (in Buxton)
- 16 beds at Clay Cross
- 16 beds at Newholme (in Bakewell)
- 20 beds at Whitworth (in Darley Dale)

With the introduction of community-based care teams and local beds with care, what do you think about this proposal to close beds at:

Bolsover

Clay Cross

Newholme

Whitworth

Cavendish

Specialist Rehabilitation Hospital Beds

This proposal is to provide 32 specialist rehabilitation hospital beds for older people who are not well enough to go home but are recovering from a spell in hospital following an accident or illness by:

- changing the use of Cavendish Hospital (in Buxton) to provide 8 specialist rehabilitation beds in the west of North Derbyshire, and
- opening 24 specialist rehabilitation beds in the east of North Derbyshire at Chesterfield Royal Hospital

What do you think about this proposal to provide specialist rehabilitation hospital beds at:

Cavendish Hospital

Chesterfield Royal Hospital

Older Persons' Mental Health Community Hospital Beds

The proposal is to permanently close 20 older persons' mental health community hospital beds at Cavendish Hospital (in Buxton) and Newholme Hospital (in Bakewell) and replace with new Dementia Rapid Response Teams who will support older people with severe dementia who are having a crisis or urgent care needs at home as set out above.

The proposed bed closures would include;

- 10 beds at Cavendish
- 10 beds at Newholme

With the introduction of Dementia Rapid Response Teams, what do you think about this proposal to close beds at:

Cavendish

Newholme

Centre of Excellence at Walton Hospital (in Chesterfield)

The proposal is to establish a centre of excellence at Walton Hospital where older people with the severest dementia symptoms experiencing a crisis will be admitted as inpatients because they cannot be safely cared for in their homes.

What do you think about this proposal to establish a centre of excellence at Walton Hospital?

Bolsover Hospital and Newholme Hospital

Bolsover Hospital and Newholme Hospital will over time no longer be needed for NHS services and will close when their inpatient services have been replaced by alternative services as set out in the proposals above.

What do you think about this proposal to close:

Bolsover Hospital when alternative services are in place?

Newholme Hospital when alternative services are in place?

Thank you

Your feedback is very important to us.

We will include the finding of this consultation in the decisions we make.

Once you have completed the questionnaire please tear it off and either fold and seal following the instructions or put it in an envelope using the freepost address below, in order to have your say.

Please fold along the dotted line and seal where indicated

FREEPOST

You do not
need a stamp

FREEPOST Better Care
North Derbyshire CCG Headquarters
Nightingale Close
Chesterfield
S41 7PF

Please tear along the perforated line to detach the questionnaire

Healthy, Safe, Clean and Green Communities Scrutiny Committee

Work Plan – 2016 - 2017

Date of Meeting	Items	Lead Officer	Notes
<p>24th May 2016 11.00 am</p>	<ul style="list-style-type: none"> • Quarter 4 Performance Monitoring • Health Update – Focusing on the Director for Public Health Annual Report • Scrutiny reviews 2016/17 – selection and scoping exercise 	<p>Kath Drury, Information, Engagement and Performance Manager/Jane Foley – JAD, Customer Service & Improvement</p> <p>Mandy Chambers, Public Health, DCC</p> <p>Claire Millington, Scrutiny Officer.</p>	
<p>28th June 2016, 10.00 am</p>	<ul style="list-style-type: none"> • Update on the Community Cohesion project • Enforcement Policy (Joint Environmental Health Service) • Approve Scoping Document for Scrutiny Review. 	<p>Deborah Whallett – Housing Needs Manager & Mariola Babinska – Community Cohesion Officer</p> <p>Sharon Gillott – Environmental Health Manager.</p> <p>Claire Millington, Scrutiny Officer.</p>	

<p>26th July 2016, 11.00 am</p>	<ul style="list-style-type: none"> • Quarter 1 Performance Monitoring • Leisure Survey Results • Closure of Bolsover Hospital (verbal update) • GP Services in Creswell and Langwith (verbal update) 	<p>Kath Drury, Information, Engagement and Performance Manager</p> <p>Sarah Bingham, Senior Leisure Development Officer</p>	
<p>20th September 2016, 10.00 am</p>			
<p>18th October 2016, 10.00 am</p>	<ul style="list-style-type: none"> • 		
<p>15th November 2016, 11.00 am</p>	<ul style="list-style-type: none"> • Quarter 2 Performance Monitoring 	<p>Kath Drury, Information, Engagement and Performance Manager</p>	
<p>13th December 2016, 10.00 am</p>			
<p>17th January 2017, 10.00 am</p>	<ul style="list-style-type: none"> • Sustainable Communities Strategy Update. • A Healthy Bolsover – Update on the Action Plan 	<p>Pam Brown, Chief Executives and Partnerships Manager</p> <p>Pam Brown, Chief Executives and Partnerships Manager</p>	

14th February 2017, 11.00 am	<ul style="list-style-type: none"> Quarter 3 Performance Monitoring 	Kath Drury, Information, Engagement and Performance Manager	
14th March 2017, 10.00 am			
19th April 2017, 10.00 am	<ul style="list-style-type: none"> Annual Review of the Community Safety Partnership 	Deborah Whallett – Housing Needs Manager & Jo Selby – Community Safety Officer.	MEMBERS HAVE REQUESTED THAT NO OTHER ITEMS ARE TO BE ADDED TO THIS AGENDA
16th May 2017, 11.00 am	<ul style="list-style-type: none"> Quarter 4 Performance Monitoring 	Kath Drury, Information, Engagement and Performance Manager	

Healthy, Safe, Clean and Green Communities Scrutiny Committee Membership (11 Members)

Councillors; - Sandra Peake (Chair), Hilary Gilmour (Vice-Chair), Toni Bennett, Dexter Bullock, Tracey Cannon, Pat Cooper, Clive Moesby, Tom Munro, Phil Smith, Ken Walker, Deborah Watson.