



*Your e-newsletter*

*September 2024*

The Mental Health, Learning Disabilities and Autism Delivery Board brings together partner organisations working across health and social care in Derby and Derbyshire. The Board is responsible, on behalf of Joined Up Care Derbyshire (JUCD), for overseeing system-wide delivery, performance improvement and transformation. The Board's aim is to collectively make improvements to outcomes for people with mental illness, learning disabilities and/or autism and to implement the requirements of the NHS Long Term Plan.

The Delivery Board met on 5 September 2024. This update shares key points of discussion from the meeting.

### Acute mental health inpatient care: a new clinical model

A presentation was given to the Board by Derbyshire Healthcare NHS Foundation Trust (DHCFT) about the new model of care for its acute inpatient mental health services.

The new model aligns with the development of the six new-build and refurbishment projects that make up the Trust's [Making Room for Dignity programme](#). The new and refurbished inpatient facilities, in Derby and Chesterfield, will give each patient their own en-suite room in a modern and therapeutic environment, and therefore present a unique opportunity to transform the way in which care is delivered.

The new model ensures that the care provided remains in line with the direction of mental health services nationally, as the model is closely aligned to [NHS England's culture of care standards](#). It also complements the key principles of the Derby and Derbyshire inpatient mental health strategy – namely, personalised care and shared decision making, trauma-informed care, care that advances health equality and joined-up partnership working.

Examples of how the model of care reflects these principles include:

- Consultation and collaboration with **experts by experience** throughout the design and build of the new inpatient units – including a permanent member of the team who serves as [lived patient experience officer](#) on the programme, and has won a [national award](#) for their work
- Embedding of **sensory principles** in the new units and in the ways of working, being mindful of patients who may have experienced trauma or who are autistic – for instance, the inpatient teams have replaced audible staff alarms, heard across the ward, with vibrating ones so as not to cause anxiety for patients and colleagues
- Working with the **Royal College of Psychiatrists** to embed the culture of care standards – after a successful application to the Royal College, DHCFT staff will be

able to benefit from national advice and guidance for a two-year period. This project will be overseen by a lived experience officer as well as a project coordinator

- Diversification of the workforce – with **new ward staff roles** to ensure that patients' time on a ward is more productive and focused on physical health. This is being supported by the training of multi-professional approved clinicians: psychologists, social workers and occupational therapists who can serve as approved clinicians under the Mental Health Act.

There are a number of **workstreams** which underpin the new model of care (see the image below). A two-year training package is also underway for all DHCFT acute inpatient colleagues which will initially concentrate on how to deliver purposeful admissions in line with NHSE's guidance, how to use sensory interventions to provide a calmer ward environment, and how to provide trauma-informed care.

Board members discussed the importance of capturing the positive work being done in the action plan for the Derby and Derbyshire inpatient mental health strategy, and of communicating the model of care more widely.

There was also recognition that the majority of people with urgent mental health needs do not require an inpatient stay. The Board looked at the wider care pathway, which starts with care by the Living Well teams in the community and includes a range of community-based crisis support options – including triage and assessment by the 24/7 mental health helpline and the Crisis Resolution and Home Treatment teams, and support from the safe havens in Chesterfield and Derby, crisis drop-in services in Buxton, Ripley and Swadlincote, and crisis houses in Chesterfield and Derby.



*Workstreams to deliver the new model of care; each workstream has a lead officer at DHCFT.*

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Following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber, the Secretary of State for Health and Social Care commissioned the CQC to carry out a [rapid review](#) of Nottinghamshire Healthcare NHS Foundation Trust (NHFT), where Calocane was treated for paranoid schizophrenia.

The [Department of Health and Social Care](#) has called for the recommendations made by the CQC to be implemented across the country. All mental health providers in Derby and Derbyshire are reviewing their care to ensure the recommendations have been, or are being, implemented. The NHS Derby and Derbyshire Integrated Care Board (ICB) will respond on behalf of all the system's providers.

The Board heard how the providers are working together to identify the best ways to implement the recommendations. The good collaboration and progress made by the Derby and Derbyshire system was recently highlighted on a national call. Joint working is also taking place at a regional level.

However, there was also recognition that lessons can continue to be learned, including on one of the key points from the review: listening to carers and families. Board members also acknowledged the incredibly challenging job that clinicians do each day to assess patients' needs and manage levels of risk.

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## Performance update

The Delivery Board reflected on another generally strong set of recent performance figures:

- All **NHS Talking Therapies** providers are now on track for recovery rates and a range of waiting time targets, with the exception of the waiting time between first and second treatment; the latter has remained stable over the last month
- Waiting times for the **Early Intervention in Psychosis** service are very positive, with a large majority of patients waiting less than two weeks
- Access rates for **Perinatal** services and diagnosis rates for **Dementia** services remain on target
- Numbers of **inappropriate out-of-area** acute mental health placements remain at an acceptable level, though there are still too many adults and older adults in inpatient care experiencing long lengths of stay
- 100% of people with a learning disability who receive inpatient care are getting **community treatment reviews** upon discharge.

It was noted that up-to-date data is still being awaited from national agencies for several local services including perinatal services, annual health checks for people with a severe mental illness and children and young people's eating disorders services; the current data is up to the end of March 2024.

Board members discussed the challenge of **delayed discharges** from inpatient facilities, with a number of patients being clinically ready for discharge but unable to return to the community due to issues around factors like housing, residential care or social care. It was noted that this may become even more challenging as we head towards winter. However, it was also recognised that there is good partnership working in this area, particularly between DHCFT and the ICB in terms of the escalation of concerns.

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