

# Connections

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Summer 2016, edition 4

**The research and  
innovation issue**

**Proud to be  
smoke-free**

Helping to shape the healthcare  
of tomorrow – **page 5**

Going smoke-free: your  
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New support to help young  
people who have self-harmed –  
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Nominate your Derbyshire  
Healthcare hero – **page 12**

PLUS your invitation to  
our annual meeting on  
22 September!



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**Better  
together**

# Welcome...

## ...to the summer 2016 issue of *Connections*

In this issue, we introduce some of the different ways we use innovation to improve the care we provide – from cutting-edge research (page 4) to evening advice sessions (page 5) to new services providing extra support for GPs (page 10).

One of our big innovations in recent months has been to go 'smoke-free' as a Trust. On pages 8-9, we answer some of the most commonly asked questions about this decision.

It is not just our Trust that is innovating – the whole of the health sector in Derbyshire is transforming itself to try to be more 'joined-up' and provide better care closer to home. On page 7 we describe some of the plans and proposals in place for north Derbyshire, and explain how you can get involved.

I am delighted in this issue to introduce a number of new governors in our special pull-out section. These are local people and members of the Trust who volunteer to voice the views of people in their area and to hold our Board to account. The Board is accountable to the community it serves and discharges that responsibility through its relationship with the Council of Governors.

We also welcome a new lead governor, John Morrissey. We could not operate as a foundation trust without our governors, and I would like to thank them for their dedication – and urge you all to consider standing as a governor in the future. See the pull-out section for details of upcoming governor elections.

Earlier this year, the Trust received recommendations from a number of reports that looked into how 'well led' the organisation is. We have developed a detailed governance improvement action plan to address these issues and I am pleased to say we are making good progress. The reports and the action plan can be viewed on the Trust's website and we receive regular updates at the public meetings of the Trust Board.

### Engage with us on email

Still receiving this magazine as a paper copy? That means we don't have an email address for you, and can't send you Members News, our monthly e-bulletin, or details of other events and opportunities to become involved with the Trust. Please contact the membership team on **01332 623723**, or email [membership@derbyshcft.nhs.uk](mailto:membership@derbyshcft.nhs.uk)



**Richard Gregory, Interim Chairman**

Whilst making these improvements, it is important to make sure that the Trust supports staff and recognises their contribution, and is a satisfying place to work. That is why I am pleased to announce that our staff awards, the Delivering Excellence Awards, have returned for 2016. If you have experienced good care from a Derbyshire Healthcare employee, do please nominate them for the 'compassion in practice' award (see page 12).

**Richard Gregory  
Interim Chairman**

## Your invitation to our annual meeting

We're holding our Annual Members Meeting in Ilkeston this year – come along and learn what we're doing to keep people healthy and well.

The Annual Members Meeting, or AMM for short, is your opportunity to review our work during 2015/16 and our plans for 2016/17. It's also a great chance to speak to our staff and governors.

The AMM is being held for the first time at Ilkeston Resource Centre, which is on the same site as Ilkeston Community Hospital.

The theme this year is 'prevention'. Our special guest speaker will be Jonny Benjamin, an award winning mental health and suicide prevention campaigner known for the 'Find Mike' campaign.

A number of people using our services will tell their stories. There will also be a 'marketplace' where teams from across the Trust will be available to talk about the support they offer.

You will be able to read the Trust's annual report for 2015/16, and pick up a summary copy, too.

**Want to ask a question during the meeting?** So we can give you the best possible response, please send in your question in advance. Additional questions will be taken on the evening (time permitting).

To confirm your attendance, or to submit a question in advance, email [membership@derbyshcft.nhs.uk](mailto:membership@derbyshcft.nhs.uk) or call **01332 623723**. If you're confirming your attendance, please also let us know of any special requirements you may have.

### Magazine survey: the results

Thank you to everyone who completed the survey in our last issue, asking for your views about this magazine and whether you found it useful.

The vast majority of those who responded said the magazine was the right length and rated the content as "good" or "excellent". Many said they would prefer to continue receiving the magazine through the post in the future.

We will continue to send out paper copies, but we need to watch every penny that we spend. If you currently receive a paper copy of this magazine but would be happy to receive it electronically, via email, please let us know. Call us on **01332 623723** or email [membership@derbyshcft.nhs.uk](mailto:membership@derbyshcft.nhs.uk).

### And the winner is...

Everyone who completed the survey was entered into a draw to win a healthy recipe book, called Rustic Recipes, written by staff and service receivers at our Hartington Unit site in Chesterfield.

The winner was **Mrs Hazel Rooker** from Derby. Congratulations, Hazel. The recipe book is on its way!

## Invitation

Please come to our 2016 Annual Members Meeting

**Guest speaker:** Jonny Benjamin, British mental health campaigner, author and vlogger

**When:** Thursday 22 September (marketplace at 2.30pm, formal meeting at 4.30pm)

**Where:** Ilkeston Resource Centre, Ilkeston Community Hospital, Heanor Road, Ilkeston DE7 8LN



RSVP and submit your questions by emailing [membership@derbyshcft.nhs.uk](mailto:membership@derbyshcft.nhs.uk) or calling **01332 623723**.

Light refreshments will be provided

### Own your own copy of Rustic Recipes

If you want to purchase a copy of Rustic Recipes, which is packed with recipes created by the Hartington Unit's cookery groups, the book is on sale at the Ashbourne Centre restaurant on the Kingsway Site in Derby. Donations of £2 or more will cover the printing costs, and any money raised will be reinvested back into patient care.

# Campaigner Clare uses her research skills to benefit the Trust

One of our nursing assistants, Clare Exton, has become a national figure in the campaign to change the law around embryo fertilisation research in order to help those at risk of mitochondrial disease. Clare is now channelling her interest in scientific research into her work at the Trust.

Clare, a nursing assistant with our South Derbyshire and South Dales neighbourhood mental health team, was interviewed on national BBC news recently, talking about the importance of pioneering scientific techniques that allow the transfer of DNA between two human eggs, in the hope of preventing inherited diseases like mitochondrial disease. Since starting her campaign work, Clare has spent time working with our research and development team and organises one of our innovative dementia advice sessions, in the south of the county.

*Connections* interviewed Clare to ask her all about it...

## What is mitochondrial disease, and how did you become interested in the research?

Mitochondrial disease is very rare, and quite hard to explain! Mitochondria are like power stations in our bodies, supplying the energy every cell needs to function. When a person has mitochondrial disease, the mitochondria in the cells are not producing enough energy for the cell. Sometimes they do not work at all, and sometimes they are just not very efficient.



My mother had mitochondrial disease and passed away at the age of 57. I was diagnosed with a mutation of it, though currently I feel fine – apart from some hearing difficulties at times.

A few months after my mum passed away, I was contacted by my mitochondrial nurse at Newcastle hospital, who explained that there would be a debate in the House of Commons about the new technique of transferring DNA between two human eggs. I made contact with South Derbyshire

## Did you know?

- The Trust's research team is part of a national Clinical Research Network and has collaborated with organisations as varied as the University of Oxford and Slimming World.
- The Trust's knowledge and expertise in suicide prevention/self-harm research has national and international influence. Our research contributes to UK guidelines and strategies – including the National Suicide Prevention Strategy, and NICE guidelines for the treatment of self-harm. It also contributes to publications written as far afield as Asia and North America.
- The Dementia Centre is leading on putting research into practice by implementing the 'Think Delirium!' care pathway across the Derbyshire health community.
- Our research involves a wide range of topics ranging from genetic studies of mental disorders to clinical trials of investigational medicinal products. These can be medications but they can also be other interventions such as talking treatments.

MP Heather Wheeler and Burton MP Andrew Griffiths to tell them about the importance of the research – I emailed them and then responded to their emails, trying to answer all their questions, and I met with Heather Wheeler MP face to face. As a result, Mrs Wheeler spoke during the debate – and mentioned me by name! – and both MPs supported the bill. And it was passed, which was very exciting.

I'm continuing to offer my support to this pioneering campaign. I've been invited to attend another meeting about it with the Wellcome Trust in Newcastle.

## What impact has the campaigning work had on your life?

It's made me very busy! I've done quite a few articles with the Burton Mail and I'm heavily involved in fundraising for the Lily Foundation – a mitochondrial disease charity that is mainly for children, who often don't live very long with the disease.

It's also given me confidence and been a great learning experience as well – as a result, I gained a secondment at the Trust's Research & Development department. Over

the course of two months, I went out with the research nurses, supporting them on different projects – I've now brought that experience back to South Derbyshire and South Dales.

I've also used that experience at the dementia advice sessions, which we hold every other month at Oakland Village in Swadlincote. At each session, we have a panel of dementia specialists – doctors, nurses, occupational therapists, psychologist and others – who are there to answer any questions people have about living well with dementia. I've involved Alzheimer's Society and South Derbyshire CVS in these sessions.

## How have your colleagues reacted to your campaigning?

The team have been very good – when I had an afternoon tea in aid of the Lily Foundation, many of my colleagues came along. And they've been very supportive as I care for my dad.

I've been at the Trust for 12 years, and the team are like family to me.



We hold dementia advice and support sessions at four locations across Derbyshire – at Ilkeston, Swadlincote, Derby and now Buxton. At each location, the Q&A takes place every two months.

To find out the date, time and location of the next Q&A near you, check the Trust's Facebook page ([facebook.com/dhcft](https://facebook.com/dhcft)) or go to the Derbyshire Healthcare website and search for 'events'.

## Help shape the healthcare of tomorrow – be part of our research

We believe in the importance of using the latest research. That's why we have a Research and Development (R&D) department, based at the Kingsway Site in Derby.

The department has three 'centres of excellence' – a centre for compassion, a centre for dementia, and a centre for self-harm and suicide prevention – which deliver their own pioneering research. It also has a clinical research team responsible for contributing towards national research projects, and a clinical audit team that helps our teams to

systematically review the effectiveness of their services.

For all these different forms of research, the R&D department depends on people who use our services to participate and get involved.

To find out about the kinds of research projects available, or to express an interest, call 01332 623700 ext 33407, email [DHCFT.Research@derbyshcft.nhs.uk](mailto:DHCFT.Research@derbyshcft.nhs.uk) or text "Interested" to 07825 935177



## Innovation in medication

Trust staff in our county's drug treatment service have found an innovative way to reduce overdoses – by empowering people with substance misuse problems to take home and store an 'antidote' that they can use in an emergency.

As part of an initiative across Derbyshire, staff are training people who take opioids like heroin, or methadone as part of their treatment, to safely store the medicine naloxone at home. In the case of an overdose, they are urged to call ambulance services first but, in an emergency, to then get a shot of naloxone. This will block or reverse the effects of the opioids – effects such as extreme drowsiness, slowed breathing, or loss of consciousness. The hope is that this will give the individual time to be helped by an ambulance crew or seek other assistance.

**“As well as doctors, prescribing pharmacists and nurses can issue Naloxone too”**

The work builds on a national pilot and has been introduced in collaboration with Derbyshire County Council's Public Health team, which commissions the county's substance misuse services. A similar pilot is taking place in the city of Derby.

### New ways to prescribe drugs

The naloxone pilot is doubly innovative as it is not just doctors within the team who are able to prescribe the naloxone – prescribing pharmacists and nurses can do it too.

That's thanks to a new way of working called non-medical prescribing (NMP), which enables appropriately qualified health professionals to prescribe medicines, including controlled drugs, when overseen by doctors.

Caroline Jones, a specialist pharmacist within our substance misuse service, was an early non-medical prescriber and

says the benefits go beyond providing 'extra pairs of hands' to prescribe medication.

“If you look at the staff within our substance misuse service, you've got a real skill mix,” she says. “You've got registered mental health nurses, registered general nurses – people who bring a range of experience, and who can really add value when it comes to prescribing. As I'm a pharmacist, for example, I often prescribe for people with multiple diseases or conditions, where it's really important to get the balance of medications just right.”

“So our non-medical prescribers bring flexibility, but also continuity – they really know the people using the services and are embedded in the team.”

Through a framework agreed with commissioners, the team are now able to involve key workers like social workers and counsellors in the naloxone take-home programme, too. “The person prescribing makes their assessment and writes the prescription,” explains Caroline, “but then other staff can deliver the training and issue the naloxone medication.”

“So the programme is empowering people who use our services, and their carers. And, along with the non-medical prescribing, it is empowering our staff.”

The Trust is now looking to share the service's good practice around non-medical prescribing across other clinical teams.

## Did you know?

The Trust's substance misuse service is built on innovative partnerships with charities and voluntary organisations specialising in recovery – because we know that they are great at responding to people's needs. In the county of

Derbyshire, we are partnered with Phoenix Futures and SPODA and in the city of Derby with Phoenix Futures and Aquarius – organisations that share our values.

## Special governor pull-out Introducing your new governors...

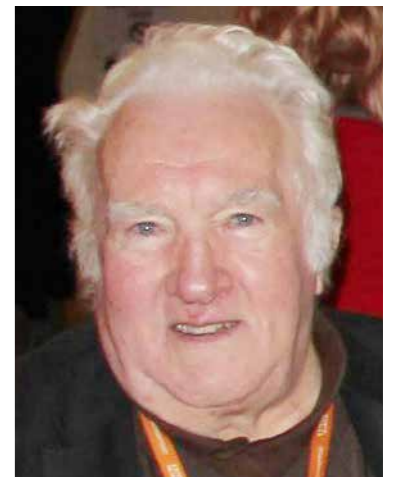
In February, we invited members to stand in our governor elections to represent communities including Bolsover, Chesterfield North, Derby City East (two seats), Erewash North, High Peak, and the surrounding areas beyond Derbyshire. We also asked our staff members to stand for two governor roles, to represent their colleagues.

Here are the new governors who have taken up those roles, speaking about their passions and priorities.

### Bolsover – John Jeffrey

“I have been a lifelong supporter of the NHS. However, it is facing enormous pressure and making sure that people in Derby and Derbyshire get the right care, and are treated with dignity and respect when receiving services, is a real challenge.”

“I have many years' experience of supporting health and social care services in Derbyshire, including membership of the NHS & Community Care Act Panel and as a lay assessor for residential homes.”



### Chesterfield North – Lynda Langley

“I realise that the NHS has to go through change, if it is to continue to serve the public. I feel that my qualifications and experience as a college lecturer specialising in business management, administration, logistics, accounts and customer service will be of great assistance to staff and patients alike.”

“Having taken early retirement from my lecturing post I have sufficient time to collaborate with patients, carers and staff to work towards an increase in public satisfaction.”

## Interested in becoming a governor yourself?

We will shortly be holding our next series of governor elections, for areas including Amber Valley North, Chesterfield South, Derby City West, Erewash South and North East Derbyshire.

Other vacancies coming up in the next six months include Amber Valley South, Derby City West (second vacancy), Derbyshire Dales, South Derbyshire and a staff governor representing medical staff.

To express an interest in representing your community as governor for one of these seats, please email [governors@derbyshcft.nhs.uk](mailto:governors@derbyshcft.nhs.uk) or call 01332 623723.



### Derby City East – Gillian Hough

“I became a governor as I am good at listening to others and then taking forward concerns to create change. Having a service which meets the needs of service users is critical to me, and to the longevity of the service.

“I have experience of the superb service provided at Derbyshire Healthcare and have been a member of Derby’s Carer’s Hub. I like to get involved and improve things for everyone.”

### Derby City East – Carole Riley

“Having started my working career as a midwife, I later spent over 20 years working in industry. I have been a volunteer in a national youth organisation for over 40 years and I have 35 years’ experience in school governance.

“I hope by becoming a governor to put forward the concerns of my community and work to improve services – particularly for those on the autistic spectrum. Children with autism struggle to be diagnosed so that they and their families can receive suitable support; and then when they reach 18 they often find there is little support for them. As a family we have experienced health services at their best but this is not always so for many patients and families.”



### Surrounding Areas – Rosemary Farkas

“I would like to use my dual experience as a service user and mental health professional to help achieve the best possible mental health care for the people of Derbyshire. Having received excellent care within the Trust for the past 15 years, I want to give something back and am at a stage in my life when I have something to offer.

“I know that at the heart of good care are the people who deliver it, and that continuity of care is rare and valuable. I endorse the recovery model and have participated in delivering and evaluating recovery education within the Trust. Currently, with executives, I am setting up a fund to assist individual service users in their recoveries.”

### Staff: Nursing and Allied Professions – Sarah Gray

“I am a senior mental health practitioner and have worked in Derbyshire CAMHS (Child and Adolescent Mental Health Services) for the last 14 years. During that time I have been a clinician and a manager. I am currently involved in setting up a community eating disorder service for children and young people in Derbyshire.

“I work with some highly dedicated, skilled and thoughtful people who I feel privileged to represent. Staff governors, in my opinion, have a significant role in ensuring that decision-making is a robust process and that Board members are held to account. I believe that the only way to build a motivated and stable workforce is to ensure that we operate in an open and honest culture with opportunities for staff and service users to ask questions.”



### Erewash North – Shelley Comery

“I have a diverse knowledge of supporting people with learning difficulties, physical disabilities along with mental health. My role as a support worker, working for Mencap, involved supporting individuals to lead as independent a life as their condition allowed, enabling them to reach their full potential.

“I hope you share the same inspiration with me, to allow me to help make changes where needed – by speaking up for you no matter what the situation may bring.”

### High Peak – Alexandra Hurst

“I am the former Chief Executive at NDVA in Chesterfield, an organisation which supports and represents health related voluntary organisations in Derbyshire. Before that, I was Chief Executive at Buxton Volunteer Bureau (now Voluntary and Community Services Peaks & Dales). There, I was involved with all aspects of volunteering and worked with NHS and local authority organisations in order to develop services, such as transport, the home support service, services for children and the befriending service.

“I hope to use my previous work experience to involve and engage people, obtaining their views on healthcare in the area and then representing those views.”



### Staff: administration and allied support – Kelly Sims

“I have over 20 years’ NHS experience, having worked in estates and facilities management, clinical, administrative and corporate roles. I believe my diverse career history can benefit me in the role as staff governor, as I have a clear understanding of the issues that affect all staff.


“I am passionate about the NHS and about providing the best possible patient care. I am a firm believer in the Trust values and am always striving to make improvements within the Trust. I consider it a privilege to represent my colleagues within Admin and Allied Support.”


## Contact your governor

To contact the governor for your area, please email [governors@derbyshcft.nhs.uk](mailto:governors@derbyshcft.nhs.uk) or call **01332 623723**.





Special governor pull-out 

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# See your governor in action

Every two months, the Trust's governors meet the Trust's directors to discuss issues and give feedback from their constituents. These meetings are called Council of Governors meetings and are open to the public. There is an opportunity to meet with the governors at the end of each meeting.

If you would like to attend a Council of Governors meeting, or meet with your governor, please contact the membership team on **01332 623723** or email [membership@derbyshcft.nhs.uk](mailto:membership@derbyshcft.nhs.uk). Please also let us know if you have any special requirements.

The papers to accompany these meetings will be published at [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk) – click on 'membership' and then 'Council of Governors'.

**Upcoming Council of Governor meeting dates:**

- Tuesday 6 September 2016: from 1pm, St Thomas Centre, Chatsworth Drive, Brampton, Chesterfield, S40 3AW
- Thursday 24 November 2016: from 1pm, Conference Rooms A&B, Centre for Research & Development, Kingsway Site, Derby, DE22 3LZ.

## Your lead governor: John Morrissey

Earlier this year, after a long period of dedicated service, Victoria Cassidy stepped down as the Trust's lead governor. Thanks to Vicki for the time she has given to the Trust over the past five years – she will be missed.

Victoria has been succeeded as lead governor by John Morrissey, governor for Amber Valley South. John has lived in Amber Valley most of his life and was a GP in Belper for 37 years.

All NHS trusts are required to have a lead governor who acts as the main point of contact in special circumstances – such as when our regulator, NHS Improvement, needs to contact the Council of Governors or vice versa. We have recently expanded the role of the lead governor so that they are more involved in the day-to-day oversight of the Trust.

Even before becoming lead governor, John involved himself fully as a governor within the Trust. "I have been able to attend many board and council meetings and public events all over Derbyshire," he says. "I have been privileged to take part in quality visits that give me a much better idea of how Derbyshire Healthcare's complex operations work in practice, and I have observed that it tries and largely succeeds in putting its values into practice."

To contact John please email [governors@derbyshcft.nhs.uk](mailto:governors@derbyshcft.nhs.uk) or call **01332 623723**



## North Derbyshire NHS proposes 'better care closer to home'

Better, joined-up care closer to home could become a reality for many older people in North Derbyshire under proposals at the heart of a public consultation that runs until 5 October 2016. 'Better care closer to home' outlines plans to achieve better joined-up community based care across north Derbyshire, with a focus on services for:

- Older people receiving inpatient care in a community hospital
- Older people with dementia who currently receive services from community hospitals.

As a key partner of the 21C Joined Up Care programme, Derbyshire Healthcare is supporting this consultation, particularly in respect of the development of a dementia rapid response team (DRRT). The consultation references what we have learned through the development of a DRRT in the south of Derbyshire, where a significant proportion of people have been supported within their home environments, thereby reducing hospital admissions.

Learn more about the consultation and have your say at [www.joinedupcare.org.uk](http://www.joinedupcare.org.uk)

## Trust wins £150K to boost cancer screening rates among people with learning disabilities

We have been awarded £154,746 by NHS England after showing how we will help GPs in Derbyshire and Nottinghamshire to promote NHS bowel, breast and cervical screening programmes amongst their learning disabled patients.

Members of our Learning Disabilities team will work closely with GP practices and supported living facilities, providing training and easy read literature so that staff can encourage greater awareness and understanding of the screenings. As part of the project, GP practices will also be reimbursed for the additional time they spend on activities like making extra contact with learning disabled patients.

## Trust commits to closer partnership working

The Trust has a new strategy for the next five years – one that involves closer collaboration with other organisations in order to benefit people using local health services.

Following engagement with staff and members, the 2016-21 Trust strategy indicates our 'direction of travel'. And one key element will be partnership working: one of our four strategic priorities is to "develop strong, effective, credible and sustainable partnerships with key stakeholders to deliver care in the right place at the right time." That reflects national and regional priorities for more 'joined up care'. We have recently entered into dialogue with our partners at Derbyshire Community Health Services NHS Foundation Trust about how the two trusts could work in a more collaborative way.

Thanks to everyone who contributed to the strategy. View the full strategy document and a 'plan on a page' on our website on the 'who we are' page.

## Fantastic 40!

Congratulations to the following members of staff, who have completed their 40 years' service over the last 12 months:

- ★ Ann Hunt, Senior Nurse
- ★ Clive Moore, Maintenance Technician
- ★ Stephen Attwood, Painter
- ★ Carole Clay, Senior Nurse.

Thank you for your dedication.



# Smoke-free Trust

## your questions answered

On 1 May, all our sites and grounds went smoke-free. We also started requesting that home visits take place in smoke-free rooms. We've had lots of questions about this decision – here are the most common questions, along with our responses.

### Why did you make the decision to go smoke-free?

More and more NHS trusts are going smoke-free. Our decision is in line with the Health Act (2006) and the National Institute for Health and Care Excellence (NICE 2013) guidelines which state that all hospital sites, including mental health hospitals, should be 100 per cent smoke-free.

### Do you think going smoke-free is the right thing for patients?

Yes. As an NHS organisation, we have a duty to protect and care for both the physical and mental health of people in our services and our staff. Put quite simply, smoking is one of the worst things you can do for your physical health. It is the biggest cause of preventable deaths in England, accounting for more than 80,000 deaths each year. One in two smokers will die from a smoking-related disease.

Smoking also has a negative effect on mental health. Research shows that tobacco smoke reduces the effectiveness of some medicines, which means a smoker needs a higher dose of medication compared to a non-smoker.

We want to reduce harm to patients, staff and everyone else who visits our sites. We want to create healthy environments that promote wellness and support people to live healthy lives.

### How will going smoke-free affect people with mental health problems?

Smoking is a particular problem for people with mental health conditions. They are more likely to smoke, and to smoke more heavily, than the general population. This is one of the reasons why they have poorer physical health and a lower life expectancy than the general population. We want to reduce this unacceptable health inequality.

### How can you expect people in your inpatient (hospital) sites to go 'cold turkey'?

We do not expect people to immediately cut out nicotine (the addictive element in cigarettes). No one has to go

'cold turkey' – instead, we are providing a range of nicotine replacement therapies (NRT) to help people. We have also employed a smoking cessation trainer and all our staff are being trained to provide behavioural support, too.

Before the Trust went smoke-free, our inpatient staff spent several hours a day 'enabling' smokers, such as by escorting them to smoking areas for cigarette breaks. We believe that dedicating this time to healthy activities will be beneficial to both staff and patients.

### If you prevent someone from smoking, couldn't that be bad for their mental health?

Some people believe that smoking helps with stress, anxiety, low mood and symptoms of psychosis but there is no clear or consistent evidence to support this. However, there is emerging evidence that when patients with psychosis, depression and anxiety are supported to stop smoking, with psychological support and either NRT or other medication, on average their mental health symptoms actually improve.

### Why don't you allow e-cigarettes?

We believe that e-cigarettes have not been around long enough yet for us to be certain of their long term effects.

For now, we are not allowing the use of e-cigarettes on any of our premises. However this decision is under continuous review, and may change as new evidence and national guidance emerges.

### Why are you asking for smoke-free home visits?

Research shows that breathing in someone else's cigarette smoke (passive smoking or second-hand smoking) can increase your risk of cancer and other health problems. We are therefore asking that, if someone has a home visit from one of our doctors or nurses, they provide a smoke-free room for the visit to take place.

As smoke can stay in the air for some time, even with a window open, we are also asking people not to smoke for up to one hour before an appointment.

## Get local help to quit smoking

Support services are available locally to help people who wish to reduce their smoking, quit permanently, or go smoke-free for a period of time. These services include:

Live Life Better Derbyshire: 0800 085 2299

Live Well Derby: 01332 641254



# GAMHS RISE

## Rapid support for young people – and their GPs

We have launched a new service to ensure that children and young people who are in urgent need of care due to self-harming or suicidal thoughts get the support they require.

Thanks to funding from NHS Southern Derbyshire CCG and NHS Erewash CCG, we've put extra money into our child and adolescent mental health service (CAMHS) to create a new team offering rapid intervention when young people present themselves at a GP surgery in acute distress – such as when they have seriously self-harmed or are experiencing suicidal feelings.

The new team is called the CAMHS RISE – Rapid Intervention, Support and Empowerment – team. It is made up of experienced mental health nurses, a social worker and an occupational therapist, overseen by a consultant psychiatrist. It is based at the Royal Derby Hospital, from where it supports hospital staff as well as GPs seven days a week, 365 days a year.

Feedback from GPs tells us that it can sometimes be difficult to confidently assess whether a young person in mental distress is in urgent need of emergency care. The CAMHS RISE team will speak with the GP and provide specialist advice. Where the team recommends that a young person goes to the children's emergency department at Royal Derby Hospital, the team will make every effort to meet with that young person, maximising the continuity of care. Where a visit to hospital is not required, but a more detailed mental health assessment is needed, the team will arrange that with the GP and the young person.

The end result should be that more young people get the care and support that meets their needs, and fewer young people are admitted unnecessarily to hospital. That reflects the key aims of the 'joined up care in the south of Derbyshire' programme – meeting the demand for quick access to complex care and for care 'close to home'.

Children's Emergency



# Self-harm separating truth and myth

Within the Trust's research and development department is a Centre for Self Harm and Suicide Prevention, made up of a small team focused on understanding the causes and prevalence of self-harm and suicide. The team is part of the renowned Multi-centre Study of Self-Harm in England, along with the University of Oxford and the University of Manchester. It has also contributed towards Derbyshire Healthcare's new suicide prevention strategy.

Connections sat down with Keith Waters, Director of the Centre for Self-harm and Suicide Prevention, and Chris Kirk of the CAMHS RISE team to ask them to separate fact and fiction when it comes to self-harm. We presented them with a number of commonly held beliefs, and asked them to tell us – true or false?

### 'Self-harm is a mental illness'

False. "We don't view it as a mental illness," says Keith Waters. "Self-harm is a sign or symptom of other problems or difficulties in a person's life. It's the way in which a young person or adult is trying to manage their distress or despair – their way of coping with whatever life problems they are facing. Sometimes, if mental illness is there, it might increase a person's vulnerability to self-harm. But it isn't the reason for the self-harm."

Chris Kirk of the CAMHS RISE team agrees: "The vast majority of people we see don't have a mental health issue – instead they have something difficult going on in their life. There may have been bullying, or perhaps mum and dad are having problems, or maybe they feel uncertain about the future. None of that is mental illness. Parents often see self-harm as evidence that their son or daughter must be 'mad', because it isn't 'normal'. But we are quick to say no, that's not the case."

### 'A person who self-harms wants to end their life?'

False – people's intentions when they self-harm

### "Self-harm is a sign or symptom of other problems or difficulties in a person's life"

are incredibly complex, says Keith Waters. "There are some things you do to cope with life that may be indirectly harmful to you, but the intention isn't necessarily to cause harm. Then there might be things where you have some desire to harm yourself, but not a lot. And then, of course, you can move all the way through to where you don't want to be there at all and have suicidal intent."

Chris Kirk describes it as "a long continuum, and where a person sits on that continuum isn't static – it will vary, and there can be uncertainty. We see that with A&E attendances – the night before, there may have been despair and a motivation to act on that despair, but the next morning it can look and feel very different. And it can be hard for the young person themselves, and their family, to appreciate the significant changes that can occur in a very short space of time."

### 'There is now a self-harm epidemic?'

Difficult to say. In 2014, a national report suggested there had been a 70% increase in 10 to 14 year olds attending A&E for self-harm related reasons over the preceding two years. However there are reasons to question those figures, says Keith Waters. "Research has shown that self-harm goes relatively unnoticed by services, parents and even friends. So where do you start? What is the baseline figure for measuring self-harm? Looking at hospital attendances is useful, but it doesn't represent self-harm in the whole community – it represents a group of people who have ended up coming to hospital."

Chris Kirk adds that the increase in recorded cases may be a positive. "Hopefully it suggests – at least in part – that more people are willing to come forward and seek help, and that more health professionals are recognising cases of self-harm and taking them seriously. The job of the CAMHS RISE team will be to help GPs and others to find the best form of response – and sometimes that may be for the young person to speak to a nurse rather than go to A&E."



# Delivering Excellence Awards: members' nomination form

**Award Category:** Compassion in Practice Award

## Nominee

Name:

Job title:

Workplace/team name:

## Nominated by

Name:

Contact email:

Contact tel number:

Contact address:



# Delivering Excellence Awards 2016

## Members, service receivers and carers: nominate our staff for an award...

Each year we hold our Delivering Excellence Awards ceremony to commemorate the fantastic work that our 2,300 strong workforce does each and every day. We take this opportunity to celebrate a year's worth of excellent achievements in compassionate care and hear some inspiring and motivating stories from across the whole organisation.

Have you received an excellent service from Derbyshire Healthcare this year and would like a member of staff to be recognised for their commitments? We are inviting our members, service receivers and carers to **nominate a member of our staff this year for the Compassion in Practice Award** – an award which recognises someone who has made a real difference!

To make your nomination for the Compassion in Practice Award please visit [derbyshirehealthcareft.nhs.uk/deawards](http://derbyshirehealthcareft.nhs.uk/deawards) or complete the nomination form on this page and return it to the following freepost address so it is received no later than **Sunday 14 August 2016**.

### **FREEPOST RRGK-SRZC-JZAB**

**Communications & Involvement Office,  
Kingsway Site, Kingsway, Derby DE22 3LZ**

## How has this person made a real difference?

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