

Live engagement hour – Older Adults Adult Community– 29
June

Q: Sorry if I may have misunderstood this, but I'm not sure I agree with the comment of variability or perhaps slight increase in new cases of COVID with recent restrictions having been lifted. In derby, there has only been one new confirmed case of COVID-19 in the last four days, as opposed to 15 new cases being reported daily in Derby back in March. I am also unsure if R rate has ever been reported below .7? Just my thoughts... feel things are looking more positive personally.

The R rate for the Midlands (not Derby) has definitely been .65. We are unable to get rates broken down for Derby. When you look at the data presented today, things have improved exponentially.

Q: Can I ask a question about the impact of covid-19 on Dementia? We are worried about the significant impact of not getting an early diagnosis. Would it be possible to increase the caseload to catch up with the backlog as we are talking about a significant number of people who are missing out on that early diagnosis? What is the plan going forwards with the re-establishment of MAS and day services?

There are talks in place to establish how we can catch up on the backlog as there will be a cost and workforce implication. There is significant planning taking place on how to cope with the expected increase we are going to see and heading toward winter as well. We are hoping to step up the MAS service from September. We are looking at what additional capacity we are looking at to make up on the backlog; we are having discussions with commissioners and GP's. At the moment we are still supporting the inpatient areas. A lot of our redeployment from MAS are within older adults. We are also looking at September for stepping up services in our Day Services areas. We are looking at digital means and also bringing people in. When we do have the groups, they will be smaller to maintain social distancing. MAS service has been significantly reduced and we are making calls or writing letters with diagnosis. There have had to be referrals on to DRRT and CMHT's as they have deteriorated. When we reopen we will need to look at new ways of working.

Q: I'm curious if the trust is liaising with social services about care home staff well-being. I am concerned about some of the staff distress that I am hearing about. It is not our service but they are our partners.

With Joined Up Care Derbyshire a leaflet went to care homes with the details of staff support - both locally and nationally. My team have been linking with their respective care homes and working very flexibly with them to offer support as needed. There is a weekly strategic call to discuss the support. We are also getting care home data in the form of the number of cases. We certainly want to roll out Attend Anywhere, not only to care homes, but to outpatients too.

Q: Have we heard anything regarding when student nurses will be coming back to placement areas? This is something I have been thinking about in regards to if we need to work differently and if patients in the community are going to be confident in allowing more than one person into their home when we do 'get back to normal'.

Student nurse placements currently being reviewed because of the issues of social distancing / PPE / student nurse safety / staff testing etc. The Trust will have to consider the capacity for taking on student nurses.

Tess: With Dementia patients there are questions about how this can work nationally. We were on a call with NHSE and others on how this can work going forwards.

Rosie - I think that the 'marmite' effect shows that the Trust could try and provide flexibility to its staff to support them going further - but tailor that to the staff members and the individual teams. Teams have felt included and supported. It's also keeping in mind that with technology, there are many various ways to keep in touch, not necessarily just being in the office. It's allowed those at home to feel more included. Ifti: There has been a lot of talk about the understanding between colleagues and team managers. It's about how we promote those good conversations.

Mitra - We are seeing the effect of lockdown on residents at care homes for not seeing their loved ones for months, also community patients due to lack of usual community services like day care, day hospital, very limited respite care. Hence increased expectation from everybody (GPs, care homes, carers) to resort to medical model mostly and prescribe psychotropics. Lee; we are working on recruitment at the moment to improve the skill mix. This will be fed back through the teams.

Joanne - We're also seeing an increase in organic referrals for those living with a family member/carer isolating and trying to manage without seeing a GP.

Sarah - We seem to be seeing an alarming trend of GP's not attending to review physical health, especially of those in care homes. This is leading to a huge amount of residents with delirium and referrals to our services to 'manage' this. Some GP services seem to be very reluctant to go out but are happy for us to. It is placing staff in a particularly tricky position at times.

Ifti: - Has Attend Anywhere worked well? Rosie: It's worked well, but challenging for people with dementia. I think it could be a growing thing.

Lee – We are listed as the highest use in the country and using it with two or three care homes at the moment.

Ifti: Andrea you were saying that there is an increase in organic referrals? Andrea: Yes, ward one and in reach and home treatment teams have been really busy. People across the patch are presenting with a higher organic need. There has been reluctance for people in general to use primary care at this point in time. Having to have a telephone conversation is difficult to admit you have got an issue. As far as our contact with GP's, we are trying to keep our links with the CST meetings.

Andrea: I am immensely grateful to everybody working in community services in old age. I couldn't wish for a better job myself and really enjoy working with everyone. The Trust has

risen to the challenge. I just wanted to acknowledge what you have all been doing and say thank you.