



Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group

Derbyshire County Improvement & Scrutiny Committee
10 September 2018, Public Session, 2pm

1. Background & Context

This report contains information to develop discussions with the Derbyshire Improvement & Scrutiny Committee in public session. This is further to the written briefing issued to Committee colleagues on 8 June 2018 and presentations made to the Committee at private meetings on 16 July 2018 and 17 August 2018.

The NHS in Derby and Derbyshire has an estimated financial gap of £80m this year. This means services we fund will cost £80m more this year than the annual budget we receive. This is before savings required by local authorities is factored in.

The financial challenge is therefore significant and despite saving millions of pounds over the last three years across health and social care Derbyshire still has this financial gap and it must be addressed.

Overall the system has more tough decisions to make and we will need to review all that we do in order to ensure we are making best use of the public purse. In some cases it will require a radical re-think of why we do what we do. Using services wisely, pooling our resources, and looking to be innovative wherever possible, is the only way the system will successfully meet the challenge that lies ahead.

It is therefore essential the CCG continues the conversations with staff, local people, patients, carers and families, and with partner organisations about how we can make this best work for our patients. This will include ongoing discussions with Scrutiny Committee.

2. Approach taken to date

The four Derbyshire CCGs had a deficit of £42.2m in 2017/18, a cumulative deficit of £17m at 31st March 2018, and a recurrent deficit entering 2018/19 of £45m. In 2018/19 the four CCGs have a collective deficit of £95 million and after planned savings of £51 million (3%) have a planned deficit – a “Control Total” agreed with NHS England - of £44 million.

If the four Derbyshire CCGs deliver the £44m deficit position – which means reducing expenditure by £51mn in year -they will be in receipt of £44m non-recurrent Commissioner Sustainability Funds (CSF). This will mean that overall the CCGs will be able to formally report a break-even position at 31st March, 2019. The CSF operates on a strict adherence basis; if the CCGs do not deliver the £44m Control Total, they will not receive the CSF, which will be a significant loss of resource to the Derbyshire system, and the CCGs would be required to repay the remaining 2018/19 deficit of £44m in future years.

The level of savings in the Derbyshire CCGs means that they can no longer afford to commission all current services at the same level and need to ensure that there is enough money to maintain the essential health care services for the local population. As Strategic

Commissioners of healthcare, the CCGs will ensure that there is enough money to maintain the essential health care services for our local population, and balance short and long-term requirements through:

- ✓ Optimising **Value for Money** - continue to review all services to optimise value for money, reduce duplication and waste and free up resources to respond to a level of population growth and increasing demand
- ✓ Maximising **Efficiencies** – reduce waste, time and effort
- ✓ Reducing **Unwarranted** clinical variation
- ✓ Developing a **New Care Model** – developing new ways of working with health, social care and the voluntary sector through Joined Up Derbyshire
- ✓ **Prioritisation** of NHS resource allocation, based on clinical and cost effectiveness – focusing on those which are the most effective

To support financial recovery the four Derbyshire Governing Bodies have all agreed strategic commissioning intentions, which will be refreshed in September 2018. Key principles underpinning the commissioning intentions are:

- ✓ Put patients' needs before organisational needs and make sure the system can continue to deliver **safe, effective health care**, improving patient outcomes and making the best use of the resources available to us
 - ✓ **Support people to live independently for longer**, stay well and recover quickly closer to home,
 - ✓ Encourage and **support patients to be active participants** in their own care
 - ✓ Commission services in local community settings – **Place** - where it is safe, sustainable and achieves improved outcomes and patient experience
 - ✓ Provide **holistic care** co-ordinated around the patient, delivered by multidisciplinary teams working around groups of GP practices.
 - ✓ Work with our Partners to implement alternative methods of providing care and support, that **deliver the outcomes people need at lowest cost**
- 2018/19 QIPP Programme.**

In April 2018 the CCGs submitted a £51m QIPP Plan to NHSE based on an initial analysis of which schemes could provide cash releasing QIPP savings in 2018/19. In May 2018 a full list of opportunities was developed and submitted to NHSE, with a risk adjusted value of £51m. In July all these schemes have been reviewed with schemes having either been confirmed for delivery in 2018/19 with a forecast in-year value of £39m, or for potential delivery in 2019/20.

Of the £39m of Schemes confirmed for delivery in 2018/19:

- £26.5m relates to schemes where the CCGs are improving efficiency, reducing unwarranted clinical variation or implementing new care models;
- £7.5m relates to areas where CCGs are removing top-up payments and ensuring value for money for commissioned services, and
- £5.0m relates to prioritisation of resources and decommissioning decisions.

The CCGs have now taken further steps to close the £12mn gap and in simple terms this is made up of the following elements:

- CCG Budgets review: £3m
- CCG Running costs: £2m
- Provider agreements: £7m
 - Derbyshire Community Health Services NHS Foundation Trust £2m

- Derbyshire Healthcare NHS Foundation Trust - £2m
- Acute trusts - £3m

Within this £7m realised through provider agreements there will be a mixture of transactional related and transformational service level schemes that will achieve the specified values, but related schemes are to be confirmed in due course as details are further developed through the appropriate work streams. No decisions have been taken about these schemes.

3. Governance & Engagement

The large majority of our savings for 2018/19 are to come from schemes that relate to where the CCGs are improving efficiency, reducing unwarranted clinical variation or implementing new care models, or where CCGs are removing top-up payments and ensuring value for money for commissioned services. These schemes include:

- Identifying and removing contract payments where there is no evidence of recent activity, and no information available from providers to suggest what the payment is currently delivering
- Removal of payments which are being made in relation to vacant posts within provided services where there is no likelihood or requirement for these to be filled in the near future
- Removal of payments which are specified as being for posts where these are paid for separately through other contractual methods (therefore being paid for twice)
- Ensuring that patients are only called for follow-up outpatient appointments where these are clinically required, with the opportunity for patient requested follow-ups where required to support patient choice. There is variation on the application of outpatient appointments across and within specialities where some patients are required to attend one appointment, some two or more.
- Capitalising on opportunities to use telemedicine to support clinician-to-clinician decisions and clinician-patient transfer of information

The majority of the savings plan for 2018/19 will therefore by default not come from decommissioning of services. Of the schemes that do represent a potential significant service change or a potential decommissioning decision then some of these schemes are already in the public domain and CCGs are currently involved in conversations with patients and service users, public, families, carers, providers, stakeholders and others who may be impacted by our proposals. These fall into different categories, depending on the scale or impact of the proposed change.

Not significant service change

- Mental Health Engagement Service – initially decommissioning this service and working with service users to understand how the engagement can be re-provided through existing mechanisms and channels
- Pharmacy First – decommissioning this service as it was not provided equitably across the county, but more importantly it was superseded by the CCG's formal public consultation on Better Care Starts At Home (self-care).
- Women's Health Service – decommissioning an element of this service as is not the responsibility of the CCGs to commission (previous public health decision to discontinue funding resulted in CCGs picking up payments). This elements of service in scope are:
 - Menopause and Heavy Menstrual Bleeding Service
 - Psychosexual Therapy

- Memory Assessment Service – decommissioning the existing model of provision and re-specifying the approach to this service. This has been agreed this year but will form part of the CCG's financial plan in 2019/20.
- Care Home Advisory Service – decommissioning this service as provision was not equitable and is not core health business. This has been agreed this year but will form part of the CCG's financial plan in 2019/20.

Significant service change to proceed now

Derbyshire Improvement & Scrutiny Committee has received presentations the only two schemes which fall into this category at present, and which have been through the relevant CCG governance processes to the stage where they are able to be communicated to a wider public audience:

- Psychodynamic Psychotherapies – a formal public consultation is now in development
- Learning Disability Short Breaks – in pre-engagement stage, working with affected patients and their families to develop options

These discussions continue the track record the CCGs have in engaging with Derbyshire Improvement & Scrutiny Committee recently on schemes including Better Care Closer To Home, Joined Up Care Belper and others. The CCG trusts that this helps to assure the Committee that there is full regard for the Improvement and Scrutiny process where this is triggered by a proposed significant change. CCG officers have also reinstated informal discussions with Scrutiny colleagues to further strengthen our approach and to ensure the business of the CCG and its interface with the Committee is managed coherently.

Potential significant service change to proceed later

Other schemes have been reviewed by the CCG Governing Bodies but decisions taken to date are only to allow projects to proceed through initial scoping. These decisions do not commit the CCGs to final outcomes. These schemes will be in the process of internal scoping which includes shaping of the initial idea and potential impact, data analysis and evaluation, and this also includes the development of the Quality Impact Assessments and initial Equality Impact Assessments.

All schemes are then referred for evaluation before being submitted to the appropriate Committee and then to Governing Body with a recommendation as to whether this should be pursued or not, and outline any further process that may then be required including engagement and or consultation plans.

It is not possible for the CCGs to publish details of schemes which would potentially be of concern to patients and local stakeholders but ultimately may not get beyond the ideas stage. The CCGs are attempting to strike the balance between being open with local stakeholders without creating unnecessary concern. The Committee's support in understanding this very significant point would be appreciated.

Schemes within this category which have become known in the public domain include:

- Enforcing the Correct Discharge Pathway - this scheme would see patient discharges to settings other than community hospitals, in line with our Discharge to Assess and Manage model, as applied across the majority of Derbyshire, most recently in Belper. Discharges to Pathway 1 (home) and pathway 2 (intermediate/social-care) would be beneficial to many patients and would mean shortened stays in hospital beds, which is evidence-based good practice. This

scheme would potentially see the reduction of need for Pathway 3 (nurse-led beds) in Ilkeston Community Hospital, as has been the subject of some public and political discussion, and at London Road Community Hospital. Analysis is taking place across the health and care system to model the delivery and impact of this proposal before it proceeds. Therefore no final decision has yet been made.

- The Voluntary Sector discretionary grants funding process could also fall into this category. CCG Governing Bodies have agreed to proceed to review these elements of funding, including the potential quality impact, and these discussions are ongoing. These decisions will not in themselves represent significant service change for each individual element of grant funding, but the CCGs are cognisant of a broader impact is removing multiple grants simultaneously. The 17 August 2018 meeting in common of the CCG Governing Bodies agreed that further work was required, including discussions with colleagues at Derbyshire County Council, before making final decisions on 22 such grants at a further Governing Body meeting to be confirmed in September. Therefore no final decision has yet been made on the particular schemes, although the Governing Bodies did make decisions on other elements of grant funding and voluntary sector expenditure at this meeting, outlined later in this paper.

The CCGs, for transparency, also wish to advise the committee that there are two schemes for which the CCG Governing Bodies have given permission for teams to proceed with project scoping but which are not yet at the point that it can be confirmed they will proceed to the public engagement or decision-making stage.

The CCG reserves the rights on such schemes to ensure that proper internal governance is completed to avoid unnecessarily raising concern among patient groups. The CCG would be happy to bring details of these schemes to a private session so that the committee is appraised on the relative status of developments.

Broader Public Engagement

The CCGs, working collaboratively with colleagues across the Derbyshire Sustainability & Transformation Partnership (STP) footprint have held initial discussions with stakeholders across the county during sessions in July. These sessions were the initial phase of broad conversations to raise awareness of the challenge and will be followed by further sessions during the autumn and beyond. An initial draft report from the issues and feedback gleaned from this first set of sessions can be found at Appendix 1.

These sessions are intended to supplement the CCGs' discharging of duties of public involvement and consultation under the Health & Social Care Act. The CCG has briefed and discussed the overarching financial challenge with a broad range of stakeholders and this will continue. Where there is a specific requirement to engage or consult on a specific scheme, the CCGs will follow their strong tradition in doing this in a robust manner. Proper consideration will be given to individual services and how they may be impacted by any proposals for achieving savings, and where required, public consultation will be undertaken prior to any decision being made in relation to each service where this is considered to be appropriate, ensuring the CCGs meets their duties under Section 14Z2.

Future Engagement

In addition to the engagement programme outlined above, the CCG and STP colleagues are planning a specific and detailed engagement approach to ensure patient and public views are fed into the financial planning for 2019/20. The health and care system already knows that the financial challenge next year is likely to be equally difficult to 2018/19 and with this

prior knowledge the CCGs will be seeking involvement in the creation of ideas and opportunities to address any deficits in our budgets. Initial discussions are being held with Healthwatch Derby and Healthwatch Derbyshire to help shape this plan and further information will be provided to the Committee shortly.

4. Responding To Committee Requests for Information

Following attendance at the Improvement & Scrutiny Committee on 13 August, the CCG's were asked to attend a further discussion at a public session on 10 September. The CCG has of course been delighted to attend a session in public, notwithstanding the point made previously in this report about the need for the CCGs' internal governance to be satisfied before details of schemes still in development can be brought into the public domain.

The Committee has specifically asked for the CCG to address the following issues:

1. To discuss in more detail the impact of the disinvestment decisions deemed to be High Risk. It is information on the impact on services users and partners in the system that Members are keen to receive.
2. Details of the 4 models currently used around the county to provide Community Nursing services
3. The impact of the proposals across the whole system (on social care, community and voluntary sector partners) and how the CCGs will work with these partners to develop an integrated and efficient model of delivery. For example, the impact of disinvestment in the DCHS Pull Team at Derby and Chesterfield Hospitals and delayed hospital discharges for the WHOLE system.
4. For each proposal Members will wish to see how the CCGs and partners will work to develop new models of delivery.

The information in the remainder of this paper aims to address these issues.

1. Impact of the disinvestment decisions deemed to be High Risk - services users and system partners

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3. Impact of the proposals across the whole system

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4. How the CCGs and partners will work to develop new models of delivery.

Building on information provided to Committee in August, the table below provides a summary of the analysis conducted to help understand the impact of disinvestment in schemes where this is deemed to be high risk. In respect of the CCG's summary of impacts for proposed voluntary sector disinvestment, it should be noted that this information was presented to the CCGs' Governing Body Meeting in Common on August 2017, so is already in the public domain. On the basis of this paper, the CCG Governing Bodies have asked for a further period of discussion on opportunities potentially available working with colleagues at Derbyshire County Council, ahead of making any final decisions. In addition to the voluntary sector information, information is contained in this report pertaining to those other areas of potential disinvestment where the impact is deemed to be high risk. To confirm the current status of each of these services and grants, the CCGs agreed to the following recommendations at the meeting in common on 17 August:

- To agree to the recommendation that no further action is required regarding the three projects where grants have already ended. These are **Well for life – HIV support; Stroke Association - Information, Advice and support; Self Help Nottingham – Befriending;**

- To agree to the recommendation to leave grant funding in place for three services based on specific patient pathways that would be impacted should these services be removed. These services are **Cruse South Derbyshire; Chesterfield & North Derbyshire Cruse Bereavement Care; and Stroke Association – Communication Support Service;**
- To discuss with Derbyshire County Council in the course of the next month, the transition arrangements which would see the continued funding by the council of four services through the Better Care Fund? These services are **Home from hospital services - Amber Valley CVS; Voluntary and community services Peaks and dales; South Derbyshire CVS; Erewash Community Concern.**
- To further discuss with the voluntary sector and local authorities in the course of the next month the opportunities for funding mechanisms of the 22 services which it had been initially recommended would have their grant funding stopped. These services are **Brand Recovery; Citizens Advice and Law Centre Derby; Communication Unlimited; Stroke Association Information advice and support; Vol & Community Services Peak and Dales – Night Sitting; South Derbyshire CVS – Befriending; Vol & Community Services Peak and Dales – befriending; Amber Valley CVS – Befriending; The Volunteer Centre Chesterfield & NE Derbyshire – befriending; Derbyshire Dales Council Voluntary Service; The Farming Life Centre; Age Concern; Age UK Derby and Derbyshire; Bakewell and Eyam Community Transport; Voluntary & Community Services Peak and Dales; Voluntary & Community Services Peak and Dales; Ashbourne Community Transport; High Peak and Buxton Community Transport; Headway; Mencap; New Mills and District Volunteer Centre; Rhubarb Farm CC.**
- Further discussion is required with the local authorities and the voluntary sector infrastructure organisations about how infrastructure organisations can potentially receive continued funding but within an streamlined and efficient model that is aligned to place (**Community Action Derby; Erewash CVS; Amber Valley CVS; South Derbyshire CVS; Voluntary and Community Services Peaks and Dales; Derbyshire Dales CVS; High Peak CVS; Derbyshire Voluntary Action**)

The quality impact information reviewed by the Governing Bodies at their meeting in common on 17 August is included in the table below.

Overall, the CCG and broader health and care system has adopted a place-based approach to tailoring local services to meet specific needs. Taking forward Place Alliances in partnership is fundamental to this strategic approach. The CCG, whilst conscious of the potential impacts of the removal of voluntary sector funding in the short term, is committed to driving forward this agenda of localism for the future and sees voluntary and community services as being important elements of place based care. We will continue to work with our STP partners to implement place but are clear that our approach will need to see a resetting of the finances prior to a restart of the strategy.

Impact of removal of funding for discretionary grants, VCS infrastructure organisations and the Voluntary Single Point of Access Service (vSPA)					
This table provides an overview of the funding that the Derbyshire CCGs give VCS infrastructure organisations, vSPA and to voluntary and community sector organisations as part of the discretionary grants programme. The table summarises impact that removing funds would have on citizens, VCS organisations, patient pathways and wider NHS services. The information is gathered from CCG monitoring and has been revised with the input from organisations to inform the QIA, EIA and general impact reviews					
Discretionary Grants					
Scheme			Cost	Information Gathered From Engagement with Organisations, Providers and Stakeholders – July 2018	Proposal in Response to Engagement
Well for life	Peer support and self-management for individuals living with HIV. Awareness raising and training of statutory and voluntary service staff	Derby with outreach southern Derbyshire	17,562	Provider voluntarily withdrawn from process	Service ceased Saving 17,562
Brand Recovery	Self-management and employment training for individuals aged 19 or over with complex needs (mental Health related)	Derby with outreach southern Derbyshire	15,333	<ul style="list-style-type: none"> Impact on organisation Stand-alone project so organisation not at risk Impact on patient pathways No direct impact on health pathways Impact on wider NHS Services New MH peer support service and extension of IAPT to employment issues should mitigate. Impact on patients / service receivers Unable to offer training on employment and personal development which was received by 84 people in 2017/18 	<p>The service is not health related but does reduce needs of people with complex mental health. The IAPT service specification is being developed currently and could include core services to replace this.</p> <p>If not renewed</p> <p>Savings 15,333</p>

Headway	Self-management - specialist course and follow up support for people with acquired brain injury	Derby	14,406	<ul style="list-style-type: none"> • Impact on organisation Organisation may be at risk • Impact on patient pathways The organisation has had to close the programme while the uncertainty exists. This has already impacted on their ability to support progressive pathways for service users. GPs and head injury services likely to be impacted. • Impact on wider NHS Services Reduction of condition specific self-management activity. • Impact on patients / service receivers There will be no training and support for coping strategies offered (specifically; behaviour management, stress management, time management, emotional resilience and self-esteem) and may become socially isolated. Currently this is received by 62 people 2017/18. This could affect their emotional, cognitive and social development and wellbeing and, potentially in some cases, be detrimental to their progress and independence <p>All of the service users have protected characteristics and are particularly at risk. The withdrawal of this service therefore places vulnerable people in our community at a greater disadvantage than they are already. This disadvantage not only affects directly people with brain injury, but also their family members and other protective factors around them</p>	<p>If not renewed</p> <p>Savings 14,406</p>
Citizens Advice and Law Centre Derby	GP referral welfare benefits advice service for individuals whose health and well-being may be compromised by low income	Derby City	29,266	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project so organisation not at risk, although if funding was to cease service would not continue. • Impact on patient pathways Very low provision of benefits advice in City vs County where Public Health fund it. 2 practice have already written to us expressing concern at potentially losing this service • Impact on wider NHS Services Poverty is recognised as a cause of ill health, mental and physical health risks created by changes in disability and employment benefits may escalate. GPs in City will not have access to direct on site referral benefits advice. • Impact on patients / service receivers 	<p>No new information provided by CAB Derby to inform decisions PH fund in the County. City Council should consider this as part of social care</p> <p>If not renewed</p> <p>Savings 29,266</p>

				Currently 313 patients have been referred by GPS and practice staff and 820 patient issues addressed, Will be unable to offer clients benefits and welfare advice. Poverty, benefits sanctions, failure to understand the system and inability to claim unsupported claim, benefits sanctions stress will impact their health.	
Communication Unlimited	BSL signing for local pharmacy services	Southern Derbyshire	6,655	<ul style="list-style-type: none"> • On organisation and patients <p>No negative impact. Activity can be absorbed by 'thematic' service whilst this is maintained</p> <p>Organisation is under review from the DCC contract and have declared they will not be delivering in the future</p>	<p>This service is a high risk for small number of people (as per QIA) which could be met by NHS England spot purchasing.</p> <p>We will request from CU that they will absorb any elements of additional support needed outside of the spot purchasing agreement within their support agreement for GPs</p> <p>Savings 6,655</p>
Cruse South Derbyshire	Bereavement counselling and support children and adults	Southern Derbyshire and Erewash	17,572	<ul style="list-style-type: none"> • Impact on organisation <p>This is core funding so the organisation is unlikely to be viable locally and services will cease</p> <ul style="list-style-type: none"> • Impact on patient pathways <p>This is pathway specific. End of life and MH commissioners state that removal of this service will have an impact on provision of counselling and pre-counselling services, impacting IAPT and Commissioned bereavement service which are at capacity.</p> <p>More specifically, over 50% of referrals come from GPs and 24% from other health professionals who will then need to refer to IAPTs or CAMHS as appropriate. The NHS CBT model is not suitable for bereavement.</p>	<p>This service supports pathways with significant risk to patient safety and wellbeing if withdrawn.</p> <p>There is no suitable alternative pathway or service</p>

				<ul style="list-style-type: none"> • Impact on wider NHS Services The Children's Bereavement work is important as the basis of support for Children's services. The service provided with Futures in Mind for children will not continue • Impact on patients / service receivers Will be unable one to one bereavement counselling to clients – 2550 in the year 2017/18. Bereavement groups were attended by 115 clients and telephone support provided to 11 clients • Evidence of activity produced and qualitative data on impact for adults and children including suicide reduction and reduced reliance on other services. <p>Many Cruse Volunteers are helping the Grenfell victims</p>	
Chesterfield & North Derbyshire Cruse Bereavement Care	Bereavement service	ND & HCCG	15,500	<ul style="list-style-type: none"> • Impact on organisation The organisation have funds for the Derbyshire branch to remain viable for one year Premises will be lost immediately and so face to face sessions will not be possible except in the clients own home After 6 months of not seeing clients, volunteers must undertake re-training and there are no national funds to support this so the volunteer councillors would be lost to the organisation • Impact on patient pathways Not commissioned as part of any EoL or Mental Health pathways in the North Derbyshire Suicide prevention Strategic Framework 2018-21 provides for those effected by suicide with a four hour response time which will not be available • Impact on wider NHS Services Will impact on GP services and IAPT as there is no alternative at present. More specifically, over 50% of referrals come from GPs and 24% from other health professionals who will then need to refer to IAPTs or CAMHS as appropriate. The NHS CBT model is not suitable for bereavement Reduced number of Cruse councillors to help locally and nationally in the event of a major incident • Impact on patients / service receivers Unable to offer counselling and support to 463 services users 	<p>This service supports pathways with significant risk to patient safety and wellbeing if withdrawn.</p> <p>There is no suitable alternative pathway</p> <p>Savings 0,000</p>

				<p>Loss of established links with GPs and CPNs to detect and report potential safeguarding and suicide</p> <ul style="list-style-type: none"> Evidence of activity produced and qualitative data on impact for adults and children including suicide reduction and reduced reliance on other services. <p>Many Cruse Volunteers are helping the Grenfell victims</p>	
Stroke Association	Communication Support service	Southern Derbyshire	32,111	<ul style="list-style-type: none"> Impact on organisation This is a national organisation and will remain viable, however the service is only funded locally and will cease Impact on patient pathways This is an established part of the support pathway Speech and language therapy services see this as an extremely valuable part of their patient pathway, which it has supported for over 20 years. Reduction or decommissioning will lead to increased SALT caseload as they will have to maintain people on their lists and not be able to transfer patients onwards for long-term support. The NHSE is announcing a new national plan for stroke and advocates an early review of existing gaps in pathways Impact on wider NHS Services There are few stroke support services in the community since decommissioning of the Community Stroke Coordinator service in 16/17. SALT fear that removal of the long-term support provided within this service may to additional GP visits Impact on service users The 97 Existing service users may lose their ability to continue to develop and maintain their communication skills and the potential to become supportive mentors. This may well result in a decline in rehab towards improving their ability to speak/sign. This may impact on their well-being and lead to further increasing high-level health and social care needs. Unable to offer 23 Carers access to tools that will enable them to communicate with and support their cared for person. Unable to offer future stroke survivors communication support group to attend in the area, perpetuating an increase of the problems identified above. 	<p>Additional information gathered showed this to be part of a support pathway which receives referrals from SALT and GPs</p> <p>Could consider move from grant to contract.</p> <p>We could request this schemes also picks up the stroke association scheme (below) on information provision but deliver it for the same amount in total of 32,000 and for the whole county</p> <p>Review the pathway</p> <p>Savings 0,000</p>

Stroke Association	Stroke Information, Advice and support with on-line self-help tool. (Pilot)	Derby and Erewash	28,300	<p>This service has received notice as it was a planned short term pilot and is now out of contract</p> <p>The removal of the communication service as well will mean that they cannot pick up the expected mitigation as originally predicted</p>	<p>Finished march 2018 with savings</p> <p>Savings 28,300</p>
Stroke Association Information advice and support	Support to stroke survivors post discharge, including peer groups information and emotional support.	NDCCG & HCCG	34,867	<ul style="list-style-type: none"> • Impact on organisation This is a national organisation and will remain viable, however the service is only funded locally and will cease • Impact on patient pathways Removal of the only stroke support services in the community. DCHS Stroke Coordinator decommissioned in 17/18. Likely negative impact on acute services to signpost and follow up patients appropriately. • Impact on wider NHS Services There are likely negative impacts on acute and community services without the long-term support that this service offers. • Impact on patients / service receivers There are few stroke support services in the community since decommissioning of the Community Stroke Coordinator service in 16/17. Without this remaining long-term support service patients emotional health and well-being may be affected 	<p>The scheme in the south has already been cut (see above) and the Stroke Association could be asked to provide this scheme within the current grant of 32,111 awarded for communications</p> <p>Savings 0,000</p>
Vol & Community Services Peak and Dales	Night sitting/emergency	High Peak & Dales	34,296	<ul style="list-style-type: none"> • Impact on organisation Organisation has large portfolio of services but each schemes is being cut so they are unlikely to be able to continue with anything other than the Macmillan befriending support for life limited cancer. The emergency sitting and respite service will stop when the funding ceases. • Impact on patient pathways Ability to facilitate discharges and avoid admissions will be impacted Patients whose carer becomes unwell will not be able to stay in their own home but will require hospital or residential admission. 	<p>Other schemes are commissioned through the carers budget using a DCC county wide framework</p> <p>Savings 34,296</p>

				<p>Particular impact on people without care packages facing short term crisis</p> <p>People who live alone will stay in hospital longer or access residential care support</p> <ul style="list-style-type: none"> • Impact on wider NHS Services <p>Removal of emergency respite care and night sitting services supporting admission avoidance and facilitating discharge for High Peak and Dales localities may increase avoidable admissions to hospital/ social care beds.</p> <p>In the last 12 months have supported 93 service users/carers with 2085 care hours</p> <p><i>Other similar services are commissioned through the Carers budget using a Countywide DCC framework.</i></p>	
Amber Valley CVS	Time limited post hospital support and stability visits	Amber Valley	14991	<ul style="list-style-type: none"> • Impact on organisation <p>Stand-alone project so organisation not at risk although cumulative cuts for this organisation will impact.</p> <ul style="list-style-type: none"> • Impact on wider NHS Services <p>Removal of services could have an impact on opportunities to develop services that have a positive impact on hospital bed days</p> <ul style="list-style-type: none"> • On wider NHS Services <p>GP services, district and ED services will lose potential benefit</p> <ul style="list-style-type: none"> • Impact on patients / service receivers <p>Will be unable to offer service users support on discharge from hospital including stability visits. 27 people used this last year</p> <p>Potential for unsafe discharge and increase in re-admissions.</p> <p>Increased hospital and residential care admissions</p> <p>Full breakdown of activity provided</p>	<p>DCC are in the process of reviewing and contracting home from hospital services. Funding this (and other home from hospital) till April 2019 will ensure continuity</p> <p>Alternatively we can ask DCC to pick the funding up now.</p> <p>Savings 14,991</p>
Voluntary and community services peaks and dales	Time limited post hospital support transport home (where appropriate) welcome home pack and follow-up stability visits	South Derbyshire Dales	18,826	<ul style="list-style-type: none"> • Impact on organisation <p>Stand-alone project so organisation not at risk although there are cumulative cuts for this organisation and so it is unlikely to be sustained in the longer term.</p> <ul style="list-style-type: none"> • Impact on wider NHS Services <p>Removal of services could have an impact on opportunities to develop services that have a positive impact on hospital bed days</p> <ul style="list-style-type: none"> • On wider NHS Services <p>GP services, district and ED services will lose potential benefit</p> <ul style="list-style-type: none"> • Impact on patients / service receivers 	<p>DCC are in the process of reviewing and contracting home from hospital services. Funding this (and other home from hospital) till April 2019 will ensure continuity;</p> <p>Alternatively we can ask DCC to pick the</p>

				<p>31 service users with relatively high level needs will not be able to access supported discharge from hospital, transport home (where appropriate) welcome home pack and follow-up stability visits. 31 people in 2017/18 but increased during 2018/19 to an estimate of 70 patients</p> <p>Unable to offer service support on discharge from hospital and receive stability visits. Figures currently around 17 patients per quarter.(figures for 2017/18)</p> <p>Potential for unsafe discharge and increase in re-admissions. Increased hospital and residential care admissions</p>	<p>funding up now.</p> <p>Savings 18,826</p>
South Derbyshire CVS	Time limited practical interventions information and advice to support healthier lifestyles, preventing hospitalisation and supporting discharge	South Derbyshire locality	15,246	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project so organisation not at risk although there are cumulative cuts for this organisation and so it is unlikely to be sustained part March 2019. • Impact on wider NHS Services Removal of services could have an impact on opportunities to develop services that have a positive impact on hospital bed days • On wider NHS Services GP services, district and ED services will lose potential benefit • Impact on patients / service receivers Unable to offer service users practical support which helps prevent hospitalisation and support safe discharges. This included 411 clients in 2017/18 	<p>DCC are in the process of reviewing and contracting home from hospital services. Funding this (and other home from hospital) till April 2019 will ensure continuity; Alternatively we can ask DCC to pick the funding up now. Savings 15,246</p>
Erewash Community Concern (Two services incorporating Home from Hospital and reducing isolation)	<p>a. Refriending and support for post hospital period</p> <p>b. Bright</p>	Erewash	<p>12,000</p> <p>10,000</p>	<ul style="list-style-type: none"> • On organisation The organisation may not be viable if this funding ceases as this provides a significant proportion of their core funding. A range of additional support services and lunch clubs will also be lost. The befriending and post hospital services will cease as of September 2018. There is a possibility of the laundry continuing till march 2019 • Impact on patient pathways Removal of services could have an impact on opportunities to develop services that have a positive impact on hospital bed days. Practical support will encourage people to stay at home 	<p>DCC are in the process of reviewing and contracting home from hospital services. Funding this (and other home from hospital) till April 2019 will ensure continuity. Alternatively we can ask DCC to pick the funding up now.</p>

	Street laundry service for disabled people and End of Life, supports people to remain at home. LD volunteer workforce.			<p>EOL care review demonstrated the impact this service had on enabling people to die at home</p> <ul style="list-style-type: none"> • Impact on wider NHS Services GP services, district and ED services may lose potential benefit. Removal of all funding risks valuable input of laundry service to home from hospital and EOL services and saving of hospital bed costs. Removal of all funding risks valuable input of laundry service to home from hospital and EOL and saving of hospital bed costs. Removal of befriending increases loneliness. A high proportion of GP contacts are believed to result from loneliness which is recognised as a key determinant in early death. Negative impact on avoidable use of health and care services and health inequalities due to poor access to services • Impact on patients / service receivers (Befriending and support for post hospital) Service users will not be supported; removal of service will increase loneliness and potential for unsafe discharges and re-admissions to hospital. 336 clients used the service in 2017/18 • Impact on patients / service receivers (laundry Service) The laundry service was used by 219 clients in 2017/18. Removal of service would impact on people's ability to stay at home, 194 terminally ill people who have MRSA CDIF or open wounds used the service, this impacts on their ability to stay at home at end of life. This was also demonstrated in the work the CCG did on EOL care and was a runner up in the HSJ awards for voluntary sector commissioning and value for money category Impact on carers ability to care for people at home longer will increase use of residential support and hospital services 	<p>Savings 12,000</p> <p>Laundry service Savings 10,000</p>
Self Help Nottingham	Befriending with self-management connecting socially isolated, vulnerable people to community activities	Derby City	23,181	This organisation has voluntarily withdrawn from the process	Savings 23,181

	including some post hospital activity				
South Derbyshire CVS	Befriending service offering practical interventions to connect socially isolated, vulnerable people to community activities	South Derbyshire	15,270	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project so we would not expect the organisation to be at risk from its ending, although this organisation will experience cumulative cuts for infrastructure funding and various grants and declared itself viable till march 2019. • Impact on patient pathways This service is pro-active and supports self-management Of LTC. This may be impacted • Impact on wider NHS Services Removal of befriending increases loneliness. A high proportion of GP contacts are believed to result from loneliness which is recognised as a key determinant in early death. Potential negative impact on avoidable use of health and care services and health inequalities due to poor access to services. • Impact on patients / service receivers 81 service users of a volunteer befriending service which means they may become socially isolated and may rely on GP services more. 	<p>If the infrastructure organisations remain they will consume some of the befriending and sitting services as part of core offer.</p> <p>If not renewed</p> <p>Savings of 15,270</p>
Voluntary and community Services Peaks and Dales	Befriending service offering practical interventions to connect socially isolated, vulnerable people to community activities	South Derbyshire Dales	12,000	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project so we would not expect the organisation which has large portfolio of services, to be at risk although cumulative cuts for this organisation will impact. The service, which currently supports people with life limiting conditions and seeks to reduce the negative health impacts of social isolation due to poor access to services, will only be available to people with cancer funded through Macmillan Cancer Support. • Impact on patient pathways Patients with life limiting conditions will not be supported through befriending, sitting services or support to go out. Services will remain for those with cancer • Impact on wider NHS Services Removal of befriending increases loneliness. A high proportion of GP contacts are believed to result from loneliness which is 	<p>If the infrastructure organisations remain they will consume some of the befriending and sitting services as part of core offer.</p> <p>If not renewed</p> <p>Savings 12,000</p>

				<p>recognised as a key determinant in early death. Potential negative impact on avoidable use of health and care services and health inequalities due to poor access to services.</p> <ul style="list-style-type: none"> • Impact on patients / service receivers 578 service users of the volunteer befriending service, which means people can become socially isolated and rely on GP services 	
Amber Valley CVS	Befriending and home visiting service offering social connection and conversations	Amber Valley	16,666	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project but there is a risk that cumulative cuts for this organisation will impact. The service which seeks to reduce the negative health impacts of social isolation due to poor access to services is at risk and will only be available to people with cancer. • Impact on patient pathways Support would be reduced to statutory provision only • Impact on wider NHS Services Removal of befriending increases loneliness. A high proportion of GP contacts are believed to result from loneliness which is recognised as a key determinant in early death. Potential negative impact on avoidable use of health and care services and health inequalities due to poor access to services. • Impact on patients / service receivers There are 60 service users of the befriending service, which means they may become more isolated and may place further reliance on health services. 	<p>If the infrastructure organisations remain they will consume some of the befriending, home visiting and sitting services as part of core offer.</p> <p>If not renewed Savings of 16,666</p>
The Volunteer Centre Chesterfield & NE Derbyshire	Befriending was Elderfriends	ND & HCCG	16,000	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project but the organisation is at risk because of cumulative reductions in funding on all the schemes they deliver in addition to infrastructure funding cut. Also the CCG funding is 50% of the schemes total fund so the number of people help would reduce proportionally • Impact on patient pathways None known • Impact on wider NHS Services Removal of befriending increases loneliness. A high proportion of GP contacts are believed to result from loneliness which is recognised as a key determinant in early death. Potential negative impact on avoidable use of health and care services (Joseph Rowntree research) • Impact on patients / service receivers 	<p>If the infrastructure organisations remain they will consume some of the befriending and sitting services as part of core offer.</p> <p>If not renewed Saving 16,000</p>

				There are 410 service users access the befriending service, which means they may become socially isolated and may place further reliance on health services.	
Mencap	Contribution to costs of Mencap support group Swadlincote	Swadlincote	4,000	<ul style="list-style-type: none"> • Impact on organisation This is a local self-help group attached to a national charity. The Charity will not be at risk but the group may. CCG contribution is matched by social care, this will reduce impact if they continue, but concerns about sustainability on a smaller budget have been raised by DCC. (No similar groups are funded directly by CCGs, some county based groups are funded by self-help group funds that the CCG contribute to as part of the Infrastructure support funding we currently provide, although this is at risk) • Impact on patient pathways None known • Impact on wider NHS Services None known • Impact on patients / service receivers These vulnerable service users may have less social contact. This may impact on their mental health and well-being and increase loneliness which is recognised as a key determinant in ill-health and early death. 	<p>This organisation did not submit information during the engagement period.</p> <p>If not renewed</p> <p>Savings 4,000</p>
Derbyshire Dales Council for Voluntary Service	Develop social capital	North Dales	6,028	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project so this organisation is not at risk from the loss of this project but cumulative cuts will destabilise this organisation as they have very little funding already and all their schemes through the CCG are set to be cut • Impact on patient pathways No impact • Impact on wider NHS Services Potential negative impact on avoidable use of health and care services and health inequalities due to poor access to services. • Impact on patients / service receivers Groups will not be developed/established resulting in isolation for rural communities. 	<p>Organisation was anticipating the end of the scheme and not submitted any concerns regarding this stand-alone project.</p> <p>If the infrastructure organisations remain they will consume some of the befriending and sitting services as part of core offer.</p>

New Mills and District Volunteer Centre	Various services including transport and social groups	High Peak	24,500	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project so organisation not at risk but cumulative cuts will impact with a 17% funding reduction. DCC currently provide a budget £30k • Impact on patient pathways The transport service support people to attend hospital and health appointment so may disrupt care. There is no bus service so financially people will have to use taxis. Chair based exercise groups will be totally cut • Impact on wider NHS Services People would become socially isolated and potentially will become reliant on other health services. • Impact on patients / service receivers In 2017/18- 192 service users accessed a variety of social support services. Service users will become isolated especially in some rural locations. This will impact well-being and may impact health services 	The transport service could have an impact but there are four schemes currently supporting transport to consider (see below) CCG money does not support infrastructure If not renewed Saving 24,500
The Farming Life Centre	Support to Farming Community	High Peak & Dales	14,515	<ul style="list-style-type: none"> • Impact on organisation Organisation not at risk • Impact on patient pathways No impact on patient pathways • Impact on wider NHS Services Target cohort of rural population already at risk of social isolation and negative health impacts will be adversely impacted • Impact on patients / service receivers 479 service users accessed support, due to rural locality there is a risk people will be socially isolated and will rely on health services more – 2017/18 figures 	<p>If the infrastructure organisations remain they will consume some of the befriending part of core offer.</p> <p>This organisation did not submit and further information during the engagement period</p> <p>If funding is ceased Saving 14,515</p>
RHUBARB FARM CIC	Outreach extension of farm – access to volunteer	Hardwick CCG	14,605	<ul style="list-style-type: none"> • Impact on organisation Stand-alone project so organisation not at risk • Impact on patient pathways None known • Impact on wider NHS Services Removal of targeted activities for MH and LD groups may result in 	<p>This organisation have not submitted a return through the engagement process</p> <p>If funding is ceased</p>

				<p>avoidable use of health and care services.</p> <ul style="list-style-type: none"> • Impact on patients / service receivers <p>There are 15 volunteers who are also service users who will also not benefit from the service</p> <p>Service users with LD and MIH will not benefit from tailored activities and may become more isolated. This may impact on their mental health and well-being and increase loneliness which is recognised as a key determinant in ill-health and early death.</p>	Savings 14,605
Age Concern	Chesterfield and District		23,307	<ul style="list-style-type: none"> • Impact on organisation <p>Provides a telephone befriending and support service for the benefit of the elderly, lonely or socially isolated people in Chesterfield, NE Derbyshire and Bolsover area. The service will cease without and the organisation may be destabilised in Derbyshire</p> <ul style="list-style-type: none"> • Impact on patient pathways <p>Removal of befriending increases loneliness. A high proportion of GP contacts are believed to result from loneliness which is recognised as a key determinant in early death. Potential negative impact on avoidable use of health and care services and health inequalities due to poor access to services.</p> <ul style="list-style-type: none"> • Impact on wider NHS Services <ul style="list-style-type: none"> • People would become socially isolated and potentially will become reliant on other health services <ul style="list-style-type: none"> • Impact on patients / service receivers <p>Numbers of patients and service users is not known</p>	<p>If the infrastructure organisations remain they will consume some of the befriending and sitting services as part of core offer</p> <p>If funding ceased Savings 23,307</p>
Age UK Derby and Derbyshire	Group memory sessions; Dementia	ND & HCCG	23,729	<ul style="list-style-type: none"> • Impact on organisation <p>Stand-alone project so Age UK organisation are not at risk but memory Lane North will close</p> <p>As the CCG provides 75% of their funding. Memory Lane Services overall are likely to be effected.</p> <ul style="list-style-type: none"> • Impact on patient pathways <p>Dementia support pathway.</p> <p>Commissioned Dementia support service may mitigate but will not replace the activity</p> <ul style="list-style-type: none"> • Impact on wider NHS Services <p>Reduction in services to reduce negative health impacts of social isolation amongst individuals and carers living with dementia may</p>	<p>No safety elements highlighted but support wellbeing and frailty, isolation and social inclusion.</p> <p>Making Space are contracted for Dementia support services in Derbyshire through DCC</p> <p>If funding ceased Savings 23,729</p>

				<p>result in negative impact on avoidable use of health and care services. Increased use of A&E and non-elective admission routes Service users are in the demographic most likely to use high cost health services and experiencing complex and delayed discharges</p> <ul style="list-style-type: none"> • Impact on patients / service receivers 28 service users took the option to attend group sessions and therefore they may become isolated and rely on carers and health care services more if withdrawn. Increased falls (non falls services provided through here) Increased isolation and loneliness Reduced health outcomes Increased carer support required as the respite element of the service is gone, also monitor risk factors such as carer breakdown and stress 	
Bakewell and Eyam Community Transport	Continuation of pre-existing transport grants in rural areas to support transition of changes in NEPTS criteria and establishment of new County transport service funded by Derbyshire County Council	North Dales	12969	<ul style="list-style-type: none"> • Impact on organisation Organisation has encountered significant budget reductions over recent years and would further reduce staff by two posts which will impact on the other services they provide. • Impact on patient pathways This was created due to lack of public transport in this area. For example if having an acute hospital appointment, the journey time allows only a 1.5 hour slot in the middle of the day in which a person could accept the appointment and still get home. Its aimed at those who cannot access public transport due to mobility Changes in NEPTs eligibility has significantly effected this group of people and the service need has increased Reduction in transport options will increase DNA levels or failure to address illness in early stages especially for people who live in rural areas that are badly served, or not served by public transport and are not eligible either for NEPTS or the newly commissioned County Council service that includes transport to health appointments • Impact on wider NHS Services 	<p>The preference would be to take it out of grants funding and into contracts with DCC through Active Travel Derbyshire</p> <p>Savings 12,969</p>

				<p>This service includes access to community groups and carer's transport for visiting purposes, has more flexibility New service commissioned by Council covers transport to health related appointments only</p> <ul style="list-style-type: none"> • Transport raised as an issue to be considered as part of the Better Care Closer to Home proposals • Possible increase in requests for GP home visits due to lack of patient access – will impact GP productivity and therefore their ability to engage in primary care QIPP <p>The NEPTS criteria that was defined in the last contract now excludes people on higher level mobility support from using their services as they receive travel payments as part of this higher allowance. These people are mostly prepared to pay for transport however in many areas there is not a suitable transport option for them. Their needs are too great for public transport in many cases and also for private taxis companies. The preferred option for them is the grant funded transport services, however these are not suitable for all as, and they are also unable to meet the physical needs of many of this client group.</p> <p>This is sort of a separate issue that relates back to the NEPTS contract but overall there is a cohort of patients whose need will not be met to attend hospital appointments.</p> <p>The personal budgets system causes a similar issue in that people on PiP can use their payments but the only options left to them, if they have physical needs and frailty is a private ambulance, the cost of which equates to an average of three weeks Pip payments for most people.</p> <p>“Active Travel Derbyshire” called Derbyshire Connect is joint funded by the DCC and the CCG money for the grants supports these organisations to be part of it, indeed they are the key providers of this. If the CCG money is pulled these schemes cannot continue. The DCC funding is in place on the basis of our funding being there. Without these schemes many more communities will be impacted</p>	
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Vol & Community Services Peak and Dales	As above	High Peak	16306	<ul style="list-style-type: none"> • Impact on organisation Organisation has encountered significant budget reductions over recent years and all schemes are currently under consideration for this QIPP Through the infrastructure cuts the organisation will lose 38% of total funding which is currently used to fund the core services so will not be able to sustain any schemes • Impact on patient pathways Some people excluded by NEPTS criteria due to receiving high mobility allowance, however there are others excluded who don't receive mobility component of Pips and so have high need and no finance to support that which leaves them with the option of private ambulance. We have a statutory requirement to provide transport to hospital for people who meet our criteria. Currently nothing exists to transport some people, as this scheme as others are not suitable Reduction in transport options may increase DNA levels or failure to address illness in early stages especially for people who live in rural areas that are badly served, or not served by public transport and are not eligible either for NEPTS or the newly commissioned County Council service that includes transport to health appointments Changes in NEPTs eligibility has significantly affected this group of people and the service need has increased • Impact on wider NHS Services This service includes access to community groups and carer's transport for visiting purposes, has more flexibility New service commissioned by Council covers transport to health related appointments only • Transport raised as an issue to be considered as part of the Better Care Closer to Home proposals • Possible increase in requests for GP home visits due to lack of patient access – will impact GP productivity and therefore their ability to engage in primary care QIPP The NEPTS criteria that was defined in the last contract now excludes people on higher level mobility support from using their 	As above
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				<p>services as they receive travel payments as part of this higher allowance. These people are mostly prepared to pay for transport however in many areas there is not a suitable transport option for them. Their needs are too great for public transport in many cases and also for private taxis companies. The preferred option for them is the grant funded transport services, however these are not suitable for all as, and they are also unable to meet the physical needs of many of this client group.</p> <p>This is sort of a separate issue that relates back to the NEPTS contract but overall there is a cohort of patients whose need will not be met to attend hospital appointments.</p> <p>The personal budgets system causes a similar issue in that people on PiP can use their payments but the only options left to them, if they have physical needs and frailty is a private ambulance, the cost of which equates to an average of three weeks Pip payments for most people.</p> <p>“Active Travel Derbyshire” called Derbyshire Connect is joint funded by the DCC and the CCG money for the grants supports these organisations to be part of it, indeed they are the key providers of this. If the CCG money is pulled these schemes cannot continue. The DCC funding is in place on the basis of our funding being there. Without these schemes many more communities will be impacted</p>	
Vol & Community Services Peak and Dales	As above	South Derbyshire Dales	16,545	<ul style="list-style-type: none"> • Impact on organisation Organisation has encountered significant budget reductions over recent years • Impact on patient pathways Reduction in transport options may increase DNA levels or failure to address illness in early stages especially for people who live in rural areas that are badly served, or not served by public transport and are not eligible either for NEPTS or the newly commissioned County Council service that includes transport to health appointments <p>Changes in NEPTs eligibility has significantly affected this group of people and the service need has increased</p>	As above

				<ul style="list-style-type: none"> • Impact on wider NHS Services <p>This service includes access to community groups and carer's transport for visiting purposes, has more flexibility New service commissioned by Council covers transport to health related appointments only</p> <ul style="list-style-type: none"> • Transport as an issue to be considered as part of the Better Care Closer to Home proposals. • Possible increase in requests for GP home visits due to lack of patient access – will impact GP productivity and therefore their ability to engage in primary care QIPP <p>The NEPTS criteria that was defined in the last contract now excludes people on higher level mobility support from using their services as they receive travel payments as part of this higher allowance. These people are mostly prepared to pay for transport however in many areas there is not a suitable transport option for them. Their needs are too great for public transport in many cases and also for private taxis companies. The preferred option for them is the grant funded transport services, however these are not suitable for all as, and they are also unable to meet the physical needs of many of this client group.</p> <p>This is sort of a separate issue that relates back to the NEPTS contract but overall there is a cohort of patients whose need will not be met to attend hospital appointments.</p> <p>The personal budgets system causes a similar issue in that people on PiP can use their payments but the only options left to them, if they have physical needs and frailty is a private ambulance, the cost of which equates to an average of three weeks Pip payments for most people.</p> <p>“Active Travel Derbyshire” called Derbyshire Connect is joint funded by the DCC and the CCG money for the grants supports these organisations to be part of it, indeed they are the key providers of this. If the CCG money is pulled these schemes cannot continue. The DCC funding is in place on the basis of our funding being there. Without these schemes many more communities will be impacted</p>	
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Ashbourne community Transport	As above	South Dales (Ashbourne)	5,493.13	<ul style="list-style-type: none"> • Impact on organisation Organisation has encountered significant budget reductions over recent years • Impact on patient pathways Reduction in transport options may increase DNA levels or failure to address illness in early stages especially for people who live in rural areas that are badly served, or not served by public transport and are not eligible either for NEPTS or the newly commissioned County Council service that includes transport to health appointments Changes in NEPTs eligibility has significantly affected this group of people and the service need has increase • Impact on wider NHS Services This service includes access to community groups and carer's transport for visiting purposes, has more flexibility New service commissioned by Council covers transport to health related appointments only • Transport as an issue to be considered as part of the Better Care Closer to Home proposals. • Possible increase in requests for GP home visits due to lack of patient access – will impact GP productivity and therefore their ability to engage in primary care QIPP <p>The NEPTS criteria that was defined in the last contract now excludes people on higher level mobility support from using their services as they receive travel payments as part of this higher allowance. These people are mostly prepared to pay for transport however in many areas there is not a suitable transport option for them. Their needs are too great for public transport in many cases and also for private taxis companies. The preferred option for them is the grant funded transport services, however these are not suitable for all as, and they are also unable to meet the physical needs of many of this client group.</p> <p>This is sort of a separate issue that relates back to the NEPTS contract but overall there is a cohort of patients whose need will not be met to attend hospital appointments.</p> <p>The personal budgets system causes a similar issue in that people</p>	As above
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				<p>on PiP can use their payments but the only options left to them , if they have physical needs and frailty is a private ambulance , the cost of which equates to an average of three weeks Pip payments for most people.</p> <p>“Active Travel Derbyshire” called Derbyshire Connect are joint funded by the DCC and the CCG money for the grants supports these organisations to be part of it, indeed they are the key providers of this. If the CCG money is pulled these schemes cannot continue. The DCC funding is in place on the basis of our funding being there. Without these schemes many more communities will be impacted</p>	
High Peak and Buxton Community Transport	Specifically for access to Evelyn Medical Centre	NDCCG	4,253	<ul style="list-style-type: none"> • Impact on organisation Organisation has encountered significant budget reductions over recent years • Impact on patient pathways Reduction in transport options may increase DNA levels or failure to address illness in early stages especially for people who live in rural areas that are badly served, or not served by public transport and are not eligible either for NEPTS or the newly commissioned County Council service that includes transport to health appointments Changes in NEPTs eligibility has significantly affected this group of people and the service need has increased • Impact on wider NHS Services 	As above

				<p>This service includes access to community groups and carer's transport for visiting purposes, has more flexibility New service commissioned by Council covers transport to health related appointments only</p> <ul style="list-style-type: none"> • Transport as an issue to be considered as part of the Better Care Closer to Home proposal. • Possible increase in requests for GP home visits due to lack of patient access – will impact GP productivity and therefore their ability to engage in primary care QIPP <p>The NEPTS criteria that was defined in the last contract now excludes people on higher level mobility support from using their services as they receive travel payments as part of this higher allowance. These people are mostly prepared to pay for transport however in many areas there is not a suitable transport option for them. Their needs are too great for public transport in many cases and also for private taxis companies. The preferred option for them is the grant funded transport services, however these are not suitable for all as, and they are also unable to meet the physical needs of many of this client group.</p> <p>This is sort of a separate issue that relates back to the NEPTS contract but overall there is a cohort of patients whose need will not be met to attend hospital appointments.</p> <p>The personal budgets system causes a similar issue in that people on PiP can use their payments but the only options left to them, if they have physical needs and frailty is a private ambulance, the cost of which equates to an average of three weeks Pip payments for most people.</p> <p>“Active Travel Derbyshire” called Derbyshire Connect are joint funded by the DCC and the CCG money for the grants supports these organisations to be part of it, indeed they are the key providers of this. If the CCG money is pulled these schemes cannot continue. The DCC funding is in place on the basis of our funding being there. Without these schemes many more communities will be impacted</p>	
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Voluntary and Community Sector Infrastructure Organisations (including CVSs and councils for voluntary service)					
Community Action Derby	Voluntary and community sector Infrastructure support		99,122	<p>• Impact on organisation</p> <p>Derby Community Action is underfunded in comparison to other CVSs.</p> <p>They have no Council funding whilst others have some from County and District Councils.</p> <p>They have additionally already had 35% cut from SDCCG as part of the City review work, whilst County CVSs had a cut of between 0 -3 %.</p> <p>CAD has to date maintained a position as an infrastructure service only in order to reduce conflict of interest in respect of direct service provision. Without CCG funding they will not be sustainable as an organisation</p> <p>The funding goes towards a half time of the CCG partnership Coordinator post, the DCC match fund it. This would be lost and impact on the Place Alliance work across Derbyshire</p> <p>For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below</p>	If the infrastructure organisations remain they will consume some of the key services delivered through discretionary grants such as befriending and sitting services as part of core offer.
Erewash CVS	Voluntary and community sector Infrastructure support		£57,094	<p>• Impact on organisation</p> <p>The CVS have received core funding for a number of years from both CCG and DCC with no increase/uplift. They have been a key partner in the Erewash Vanguard, particularly in the Personal and Community Resilience work-stream, delivering a number of projects that were delivered because of the core funding.</p> <p>Most of the projects are funded short term.</p> <p>CCG core funding covers 50% of core services so removal or reduction will see a reduction in core services including Community Connectors, 5 Ways to wellbeing,</p> <p>Closure of the centre for part of the week will be a necessity leading to the reduction in activities hosted there including Parkinson's support, Leonard Cheshire, Rethink etc..</p> <p>Reducing or removing the core funding would likely lose some of main staff within the organisation and put the organisation at risk.</p>	As above

				<p>• Impact on Patient pathways Safeguarding issues increase as a result of diminished contact and support with those living alone. Reduced access to groups and activities for those with mental health needs Decreased support for people to support their own health and wellbeing</p> <p>For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below</p> <p>Figures produced illustrating value for investment return and social and health impact</p>	
Amber Valley CVS	Voluntary and community sector Infrastructure support		64,923	<p>• Impact on organisation</p> <p>The organisation has a small amount of additional core funding and a portfolio of stand-alone services, but has identified itself as “not viable” without the CCG funding. Statutory bodies funding supports core activity that often provides the backbone on which external funding for projects is levered. Without it the organisation will not be credible, external funders are less likely to award and risk increases.</p> <p>For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below</p>	As above
South Derbyshire CVS	Voluntary and community sector Infrastructure support		61,190	<p>• Impact on organisation</p> <p>The organisation has some additional core funding and a fairly large portfolio of stand-alone service. It would not appear at immediate risk. However, statutory bodies funding supports core activity that often provides the backbone on which external funding for projects is levered. Without it the organisation will appear less credible, external funders are less likely to award and risk increases. If the four funding streams are cut the organisation is viable till march 2019</p> <p>For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for</p>	As above

				Voluntary Service (CVS) see section below	
Derbyshire Mental Health Forum	Voluntary and community sector Infrastructure support (MH), mental Health Liaison	Southern Derbys, Erewash	46,922 18,482 Total 65,404	<ul style="list-style-type: none"> • Impact on organisation The grant is 100% of core funding so the service will cease. Organisation is unlikely to be viable if CCG funding stops. 2% reduction to funding made in 17/18. As a result the MH Liaison Officer is now working reduced hours The service works to support other organisations and so they are likely to experience the impact primarily • Impact on patient pathways Knowledge of voluntary sector organisations that can link into MH patient pathways <p>For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below</p>	As above
Vol and Community Services Peaks and Dales	Voluntary and community sector Infrastructure support	South Dales North Dales	4,132 20,474	<ul style="list-style-type: none"> • Impact on organisation The organisation has a portfolio of services with a variety of funders, and some additional core funding, but cumulative cuts will impact the organisation and reduction to core funding will impact its ability to maintain other services and support to small groups. The CCG contribution is 38% of their total funding, which is used to fund the core operations and therefore closure of the VCS is highly likely. Initially it will result in the closure of befriending Buxton and volunteer brokerage in high peaks. In the event of further funds being found elsewhere there will be destabilisation of services generally Being in a geographically sparse area, merger with neighbours for cost savings is harder <p>For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below</p>	Asa above
Derbyshire Dales CVS	Voluntary and community sector Infrastructure	Derbyshire dales		<ul style="list-style-type: none"> • Impact on organisation The organisation has a portfolio of services with a variety of funders, and some additional core funding, but cumulative cuts will impact the organisation and reduction to core funding will 	As above

	support			<p>impact its ability to maintain other services and support to small groups.</p> <p>The CCG contribution is 30% of their total funding, the remaining from DCC, which is used to fund the core operations and therefore closure of the VCS is highly likely.</p> <p>The funding specifically pays for a three day per week health and care development worker. In January to March 2018 the worker delivered 53 advice sessions to different groups and communities. This post would be lost in the event of funding cuts</p>	
High Peak CVS	Voluntary and community sector Infrastructure support		14,070	<ul style="list-style-type: none"> • Impact on organisation • This organisation has relatively low funding input. It has taken measures to remedy this by proposing a merger with another service that we do not fund so a partial cut would be sustained. A full cut may threaten viability • The CCGs provide 33% of their total budget • Core CCG funding is crucial in seeking match funding • For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below 	As above
Derbyshire Dales CVS	Infrastructure support		23,800	<ul style="list-style-type: none"> • Impact on organisation • This organisation has relatively low funding input from the CCG and is a small organisation. A full cut will threaten viability • For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below 	As above
Derbyshire Voluntary Action 1	Voluntary and community sector Infrastructure support		91,000	<ul style="list-style-type: none"> • Impact on organisation <p>This organisation has a range of funders but the CCG budget makes up 75% of the infrastructure funding</p> <p>They may be subject to cumulative cuts which will impact service provision and support to small groups. Loss of this funding will make the organisations core, on which other services are based uncertain</p> <p>Specialist self-help group, social groups, lunch clubs and information services will cease to be provided from April 2019</p> <ul style="list-style-type: none"> • Impact on wider organisations 	As above

				<p>This organisation also supports the Derbyshire Voluntary Action schemes and will mean they can't be delivered including mental health liaison, public health – 5 ways to wellbeing</p> <p>• For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below</p>	
Derbyshire Voluntary Action 2 (MH)	Voluntary and community sector Infrastructure support (MH), mental Health Liaison	North and North East Derbyshire	16,500	<p>• Impact on Organisation DVA may remain open but would lose its Mental Health expert which is 100% funded from the CCG The organisation itself is at risk from cumulative funding decisions.</p> <p>• Impact on patient pathways Knowledge of voluntary sector organisations that can link into MH patient pathways</p> <p>• For wider impact of reduction in Voluntary and Community Sector (VCS) Infrastructure Services / Councils for Voluntary Service (CVS) see section below</p>	As above
Voluntary and community partners Bolsover	Voluntary and community sector Infrastructure	North East Derbyshire	7,110	<p>• Organisation closed</p>	
vSPA					
South Derbyshire CVS	vSPA South	Southern Derbyshire Footprint	81,000	<p>• Impact on organisation The organisation delivering this has some additional core funding and a fairly large portfolio of stand-alone services, but cumulative funding reductions will put the organisation at risk. The vSPA service has 100% CCG funding so would cease as a service Could consider as part of CVS infrastructure funding options For overall wider impact see below</p>	Should consider as part of CVS infrastructure funding options as detailed in GB paper.
Derbyshire voluntary action	vSPA North	North Derbyshire and Erewash	74,000	<p>• Impact on organisation The organisation provides the social prescribing service which is 100% CCG funded so will cease to be provided through this route There is a portfolio of stand-alone services, but cumulative funding reductions may put the organisation at risk.</p>	Should consider as part of CVS infrastructure funding options especially in relation to social prescribing

What the Organisations Provide					
What the organisations provide	<ol style="list-style-type: none"> 1. Cost effective provision of preventative and supportive services and activities which tackle a range of factors that directly impact on health, including: Diet and exercise, Social isolation and support networks, Mental and physical health and wellbeing and Employment and finances 2. Community-led solutions 3. Peer support and self-help providing shared experiences, increased knowledge and confidence leading to individuals making choices which are right for them. 4. Faster responses to meet people's needs without bureaucratic challenges 5. An understanding of how to meet different needs within Derby & Derbyshire e.g. rural/urban, Black Asian Minority Ethnic (BAME) or disabled communities and offer tailor-made solutions 6. Support the delivery of national direction of travel supporting national policy for example NHSE directive on social prescribing 7. Support to Voluntary sector infrastructure (CVSs) <ul style="list-style-type: none"> • develop, deliver, support and promote voluntary action, charitable activity and local development of community based solutions • offer a wide variety of services and support for local organisations, for example training, funding advice, group development, and support • Provide link into VCS for the statutory sector – role on STP Board etc • build resilience through developing community assets • Signpost for service providers, service users and volunteers • Understand what services exist (Derbyshire Directory) • Support for self-care including peer support (small grants fund multiple organisations via infrastructure arrangements) • Lever in a high level of external funding for local small groups and larger collaborations. • Support engagement and consultation • Allocation of small grants to emergent organisations 				

<p>Overall Impact of not re-investing</p>	<p>Overall Impact of not re-investing</p> <p>CCGs will save some or all costs of the cost of these grants (cost savings will be offset by Commissioning time to do engagement/ Consultation and decommissioning process) Reducing/removing funding would result in more value lost than costs given by the CCGs because of the added value created by volunteer input and match funding from other agencies</p> <p><u>Infrastructure services</u></p> <ul style="list-style-type: none"> • They support the wider VCS; If funding is removed the whole voluntary sector provision across Derbyshire would be at risk. Additionally National Lottery has a policy not to fund infrastructure so this is not a viable avenue for infrastructure organisations. Risks include: • Risk to achieving aims of STP. Removing CVS organisations means we cannot count on having a VCS to help us to do things differently as we have planned • People will be directed back into – or directed to – statutory services. • Disinvestment suggests that self-care is not valued • Ability to co-produce will be impacted • Increased use of NHS care including NHS financed residential care • Derby City will have no infrastructure support, County have a small offer as DCC have agreed their infrastructure funding so services will be part funded. DCC cannot make up the difference and services may be unsustainable. • Provider organisations will not have support to be viable and to help keep the system healthy. New groups and organisations will not develop. • Will not be pulling other money in from other agencies • Communities will miss out on the funds that the infrastructure organisations can access from lottery and other grant funders • Many organisations will not be able to apply for match funding where the CCG fund is the basis of this. • There will be a domino effect on the organisations that the infrastructure services support <p><u>vSPA</u></p> <ul style="list-style-type: none"> • Removal of vSPA will impact on GPs, Care Co-ordinators, Local Area Co-ordinators and others by extending the time taken to match patients with the local voluntary community offer. Patients will lose benefit of access to this community offer as health professionals will not have the time or knowledge to make effective links. • A Move away from person centred approaches, putting more demand on the medical model 	
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	<ul style="list-style-type: none"> • Disconnect between statutory and voluntary sector • Loss of one source of signposting and referring into other organisations that CCGs have invested heavily into (not necessarily funds but training/support/relationship building and networks) <p>All services</p> <ul style="list-style-type: none"> • Reduction will impact local 3rd sector organisations that are key to implementing the STP. • Less services available to invest in in future years, impacting procurement options • Loss of preventative services that will reduce use of statutory services. • Loss of peer support options • Loss of options when planning Personal Health Budgets • Impact on wider determinates of health • Impact on goodwill of VCS providers • Impact on vulnerable groups including people with one or more of the 9 protected characteristics. Adverse impact on carers, older people, those who are socially isolated. Adverse impact on poorer and disadvantaged communities and groups, including people who experience financial exclusion. Often people who haven't typically engaged in NHS provision. • The following benefits taken from those identified in the draft evaluation of the Erewash Vanguard project (Bains 2017) may be lost or considerably reduced: <ul style="list-style-type: none"> ○ Opportunities for Adult Care and Health to join up with VCS to have conversations with people about needs ○ Peer group members create welcoming environments so local people can discuss their needs comfortably ○ Resources are joined up at a local, neighbourhood level ○ Connecting people with local resources to meet specific needs by, and within, communities rather than new initiatives being artificially created by statutory agencies ○ Partnerships between communities and statutory agencies testing new approaches ○ Provision of local community spaces to meet, plan and provide coaching and facilitation to support and encourage people to think differently about their own health and social care 	
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Impact of removal of funding for other schemes deemed to as High Risk					
This table provides a similar overview of the issues arising from impact assessments which have identified high risks from potential disinvestment decisions.					
Scheme	Current Position		Cost £	Identification of Risk	Mitigation
Disinvest in Derbyshire Community Health Services Pull Team at Derby Teaching Hospital and Chesterfield Royal Hospital	CCG funding removed but system funding solution found due to risk of delayed discharges.	Derbyshire - wide	244k	<ul style="list-style-type: none"> • Impact on organisation None • Impact on patient pathways None. Additional funding has been made available for 2018/19 by the STP transformation fund • Impact on wider NHS Services None • Impact on patients / service receivers None 	Further discussion was had at the STP Urgent Care Board and the system identified funding from the STP transformation fund to continue to fund this service during 2018/19.
Disinvest Women's Sexual Health Service within Derbyshire Community Health Services contract	Individual patient review by current clinician providing the clinic and agreed transition for patients where necessary. Letter sent to affected patients.	North Derbyshire CCG, Hardwick CCG, Southern Derbyshire CCG	113k	<ul style="list-style-type: none"> • Impact on organisation None • Impact on patient pathways There are alternative services in place for new patients. For existing patients who are not ready for discharge they will continue to be seen by therefore impact to patient pathways is minimal. • Impact on wider NHS Services Patients will be seen by the Women's clinics in the acute hospitals and Relate will continue to provide psychosexual services. 	GP's and Acute services have been informed and are happy with the alternative arrangements.

				<ul style="list-style-type: none"> Impact on patients / service receivers <p><i>There are alternative services in place for new patients. For existing patients who are not ready for discharge they will continue to be, therefore impact to patient pathways is minimal.</i></p>	
Review Voluntary Sector Spend (Mental Health)	Further engagement with VCS organisations undertaken since June decision in principle.	Derbyshire - wide	7k	<p>Potentially HIGH Risk Impact - plan to integrate these specialist services into relevant patient pathways as appropriate so patients should receive services required</p> <p>The £7k is made up of an agreed reduction in funding to SAIL and already transacted, part of the sexual violence pathway, and a recommended reduction to BAME that will then become part of the infrastructure arrangements per agreement made at August Governing Body.</p> <p>The remaining MH voluntary sector are part of a pathway or mitigation of other disinvested services and recommended to retain. The two Mental Health infrastructure organisations have been included in the Derbyshire wide infrastructure review.</p>	
Review Specialist Parkinsons Nursing within Derbyshire Community Health Services	Scheme now removed from programme following further review	N/a	N/a	N/a	N/a
Review Specialist Diabetes Nursing within Derbyshire	Scheme now removed from programme following further review	N/a	N/a	N/a	N/a

Community Health Services					
Review Specialist Neurological Nurse within Derbyshire Community Health Services	Scheme now removed from programme following further review	N/a	N/a	N/a	N/a
Enforcing The Correct Discharge Pathway	Decision agreed through April/May Governing Bodies. Detailed planning regarding model and capacity jointly undertaken with CCG, DCHS and ASC.	Southern Derbyshire	333k	<p>There is an interim risk to service delivery as ward staff will potentially be subject to redeployment and may choose alternative employment as the project progresses.</p> <p>There is an impact on adult care and community services who will be required to undertake additional caseloads in pathway 1 and 2. This may require investment from the CCG, subject to understanding capacity.</p> <p>Risk of reputational damage and public concern as it may not be seen as a favourable move to close a hospital ward, although this scheme represents a clinical improvement in discharge pathway for affected patients.</p>	<p>Impact -patients should be discharged from hospital into a bed appropriate to their needs.</p> <p>Assessment of existing and required pathway 1 and 2 provision is being undertaken to inform final decisions.</p> <p>Broad public engagement required to ensure rationale for project is known.</p>
Learning Disability Short Breaks	Decision to progress to consultation made at April/May Governing Bodies. Engagement period 16 th July 2018 for 12 weeks. Governing Bodies to consider outcome of engagement and any consultation (including QIA) December 2018	North Derbyshire	1,181k	<p>This is not a direct decommissioning resulting in direct savings, but a review of service model with a view to providing a different model of care as part of the Transforming Care Partnership.</p> <p>Quality impact assessment being reviewed as part of engagement process, to be refreshed on completion of 12 week engagement period.</p>	Purpose of engagement is to understand this and to seek service model change through service review. This is being managed as joint exercise with Derbyshire County Council through the Transforming Care Partnership Board.

Mental Health Together	Notice initially served for service to cease on 24 October 2018. Engagement has taken place with service and stakeholders to discuss mitigation plans and this has resulted in change.	Derbyshire wide	58,189k	<p>HIGH negative Quality impacts with reduced ability for CCGs to fulfil statutory responsibilities.</p> <p>On organisation Healthwatch Derbyshire will still exist as a statutory body but the Mental Health Together service will not. 3 out of the 5 employees have found alternative employment. CCGs are responsible for redundancy payments for 1 employee (who TUPE'd at the start of the contract). Mental Health Action Group that was hosted by Mental Health Together is seeking a way of working independently and alternative funding streams.</p> <p>Patient pathways Patient and Carer input into pathway development and change is recommended by DOH 'No decision about me, without me' (2012) and NHSE 'The NHS Belongs to us All' (2013), in order to develop pathways that are appropriate; cost efficient and effective.</p> <p>On wider NHS services Negative impact on avoidable use of health and care services. Not only does this service give service receivers and carers a voice, it gives those with mental ill health a purpose and helps towards their recovery. If services are not redesigned from understanding a patient's perspective then the chance that the new pathway is not fit for purpose is greater. Increased commissioner time will be required for engagement and consultation work going forward.</p>	Following engagement the CCG is looking to maintain an element of joint funding with Derbyshire County Council. This is subject to review and further decision by CCG Governing Bodies in September 2018.
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Memory Assessment Service	Review of the available options has taken place and concluded that there are no safe disinvestment options. Governing Body will be asked not to proceed as alternative savings have been found.	Derbyshire-wide	£650k	HIGH risk of negative Quality impact. Safety, Patient experience & clinical effectiveness	Savings now found from elsewhere; scheme will not proceed.

2. Details of the 4 models currently used around the county to provide Community Nursing services (which I understand are to be reviewed to determine a preferred model across the county)

There are two specifications that Derbyshire Community Health Services NHS Foundation Trust work to, however practice nurses, through local GP agreements, are also contracted to deliver some level of wound care. The table below outlines the headlines of these four specifications/approaches.

	MODEL 1: Derby City District Nurse Specification	MODEL 2: Derbyshire County District Nurse Specification	MODEL 3: SDCCG Practice Nurse Spec.	MODEL 4: NDCCG Practice Nurse Specification
Age	Over 18 years of age	Nil documented	Nil documented	Nil documented
Where	In their own home/ Residential home/Leg ulcer or complex wound clinic/ Phlebotomy clinic (support nursing homes where there may be a skills deficit ie syringe drivers)	Patients who require care out of surgery in their own homes or community setting/Leg ulcer clinics/ Residential Homes		In primary care/an accessible, convenient location /care closer to home
Referral	Referrals include: <ul style="list-style-type: none"> • Continence care/catheter care • TV • Wounds • End of Life Care • Long Term Conditions • Medicines management • IV antibiotics • Chemotherapy • Supplementary prescribing Undertake continuing care reviews 3 monthly by DN Sister	<ul style="list-style-type: none"> • Advice/specialist advice to NH/ • Safeguarding • Bowel, continence and catheter management • Ear care • End of Life Care • Eye care • Hickman and PICC • Leg ulcer • Medicine administration • Gastrostomy tube management • Non-medical prescribing • Syringe drivers • Phlebotomy • COULD ALSO INCLUDE: Chronic disease management/ECG/BP/Flu vaccs/annual reviews/medication review/health promotion. • IN ADDITION: ordering equipment/ nursing needs assessments/ telephone advice/discharge planning/CC assessments/report writing/documenting in GP records 	<ul style="list-style-type: none"> • Secondary care post op suture removal • Wound care post-surgery • Ear syringing • BP monitoring • Spirometry • Ring pessary replacement • ECGs 	Suture removal in primary care

Summary & Conclusion

The CCGs are hopeful that the information contained within this paper helps to identify the structured approach being taken to achieving the required financial recovery. The CCGs also believe that processes are in place at the scheme and programme level to see input of local people to meet the statutory duty to engage and consult. This is always the desire in all of the commissioning work within the CCG, whether this is to support positive service improvement or financial recovery. There is no doubt that the financial recovery planning is moving at pace, and our regulators at NHS England have required this of us, but the CCGs are fully committed to continuing a strong dialogue with the Committee and involving local service users, the broader public and other stakeholders wherever possible.

Dr Chris Clayton
Chief Executive Officer, Derbyshire CCGs
31 August 2018