

Themes arising from engagement in the plan

Detail for appendix 7

Our plan was underpinned by a comprehensive programme of engagement activities see page 48, which resulted in the themes below being highlighted. This table indicates how these themes have shaped and informed the plan, or have influenced on-going planning work for the JUCD.

	Theme	Engagement Activities	Response/Outcome
1	<p>PRIORITIES</p> <ul style="list-style-type: none"> • People generally welcomed all the priorities in the plan but wanted more assurances that the programmes of work would be ‘joined up’, and not working in silos. • It was felt that it would be a good idea to identify extra-ordinary priorities requiring extra-ordinary effort, as it is unlikely that we can focus on all the priorities at once. • The ‘how’ was important to people, i.e. how would the priorities be implemented. 	<p>STP Board Refresh Event 13th Sept 2019</p>	<ul style="list-style-type: none"> • The programme leads for each of the JUCD workstreams meet monthly to facilitate joint working, and manage interdependencies across workstream priorities. • The JUCD Board is assessing all priorities to understand the priority order and those key challenges which need to be addressed as a system, recognising that we have national must do’s set out in the NHS Long Term Plan. • Each priority will hve its own implementation plan outlining the ‘how’. • Page 16-28 gives detailed information about our five strategic priorities.
2	<p>COMMUNICATION AND ENGAGEMENT</p> <ul style="list-style-type: none"> • People welcomed the opportunity to comment on the plans, but wanted more ongoing communication and the opportunity to get involved, so they could influence decision making. • It was felt that more engagement was needed to change mind-sets, behaviours, and promote self-care amongst the general population. • People want to be engaged in a timely manner about potential cuts, and changes to services. They want to be informed about the benefits to them of the changes. Where they have been asked about their experience or opinion, they would like to have feedback. 	<ul style="list-style-type: none"> • STP Board Refresh Event 13th Sept 2019 • Healthwatch Long Term Plan Report July 2019 	<ul style="list-style-type: none"> • Engagement in the plan refresh is only the start of the engagement on JUCD business. The JUCD Board is committed to continuous engagement, and is currently developing a model for this to be implemented, which is likely to sit alongside the development of the 4 Integrated Care Partnerships (ICP’S), discussed under theme 4 below. • The communications and engagement team in JUCD have developed a comprehensive communications and engagement offer which is available to all workstream programme leads. This includes Joined Up Care Derbyshire’s Citizens Panel, which currently has in excess of 1,500 members. JUCD has developed the Citizens’ Panel to ensure that we can listen to and learn from our local residents, ensuring the design and delivery of services takes into account ‘what matters to people’. We will continue to grow the membership of this panel, promoting the opportunities to get involved to a diverse range of people. Also included in the offer is an interactive workshop which is

	Theme	Engagement Activities	Response/Outcome
			<p>currently being delivered to a diverse range of people, with a specific focus on seldom heard groups.</p> <ul style="list-style-type: none"> • The Joined Up Care Derbyshire Newsletter is produced approx. every 3 months and has a varied and every growing distribution list, including the 1,500 people on the citizens panel. This showcases the work of JUCD, and also highlights the work we are doing to increase involvement of local citizens in our work. • We have also been invited to be part of NHS England and NHS Improvement's 2nd cohort to develop a VCSE Leadership Programme, which will significantly strength partnership working and communication with the voluntary sector throughout Derby and Derbyshire. More about this can be found below in theme 7. • We have a system workshop taking place on the 21st Jan 2020 for those responsible for communicating with and involving patients and members of the public in conversations around the design and delivery of services, to look at the challenges we share as a system and establish ways of working together to help meet those challenges. For example, looking at how we understand the behaviours and mind-set of members of the public, and work with them better to help them to understand why change is needed, e.g. in regard to the model of care, and how they might play a part in that change through self-care. This work has begun in terms of understanding the choices people make when they require urgent care, but needs to happen more systematically with all partners in the system working together to deliver the same key messages, and working towards the same aims. The outcomes of the workshop will feed into the system comms and engagement strategy which is currently in development. • Each priority will have its own implementation plan and where these represent service change these will be delivered in collaboration with local people. We will endeavour to always feedback to people about how their voice has influenced plans.

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3	<p>PERSONALISATION</p> <ul style="list-style-type: none"> • The plan needs more emphasis on personalised care. • People felt that throughout transformation choice is important and maintaining it. • It was felt that patients and professionals should make joint decisions on any health or care treatment • It needs to be clear that patient is at the centre of all decisions in JUCD, not felt that this is emphasised enough currently, e.g. not in executive summary. • It should be acknowledged that the patient is often the expert in their own condition. Important for people to be empowered to take control of their condition. • It was highlighted how important it is for people to receive sufficient information to be able to make choices about their health and care treatment. Information should be forthcoming and in a way that patients and carers can understand. People preferred this information to come from their GP. People feel confident with good information. • Health information needs to be shared widely in as many settings and via as many mediums as possible in order for these plans to work 	<ul style="list-style-type: none"> • STP Board Refresh Event 13th Sept 2019 • Confirm and Challenge 29th August 2019 • Place Events July 2019 • Healthwatch Long Term Plan Report July 2019 • Feedback following publication of the draft STP Plan • Healthwatch Long Term Plan Report 2019 • Learning Disability workshop 18th Oct 2019 	<ul style="list-style-type: none"> • Part of the success of the STP Plan relies on enabling people to make healthier choices and ensure personalised care is embedded throughout, e.g. the Derbyshire Model of Care is built upon delivering more personalised care approaches. Personalised care is based on ‘what matters’ to people and their individual strengths and needs, recognising that one size fits all health and care system cannot meet the increasing complexity of people’s needs and expectations. Enabling Choice is one of the core components of personalised care, which should become business as usual across our health and care system. You’ll find personalised care referenced throughout the plan, and a summarised snapshot of personalised care covered by JUCD programmes of work is provided in appendix 2 of the plan. Mapping and self-assessment, across the JUCD programmes of work, is essential to provide an explicit and quality response to the 6 evidence based interventions which are part of the model of personalised care: • Shared decision making • Personalised care and support planning • Enabling choice, including legal rights to choice • Social prescribing and community-based support • Supported self-management • Personal health budgets and integrated personal budgets Page 17 of the plan outlines our commitment to personalisation. • Also through our prevention workstream we will empower the Derbyshire population to make healthy lifestyle choices. Prevention and self-management is a key strategic priority, see page 19 and this is also embedded throughout our programmes of work. • Social prescribing is one of the key elements of the personalisation agenda and is progressing at pace with link workers being recruited to work in each of the 15 Primary Care Network across Derbyshire. The Social Prescribing Advisory Group

	Theme	Engagement Activities	Response/Outcome
			<p>is overseeing these developments, and have advertised recently through the citizens' panel for a public representative.</p> <ul style="list-style-type: none"> Self-Care is a key priority for the Prevention and Place workstream's, and as already discussed in theme 2 above we are looking at how we understand the behaviours and mind-set of members of the public, and work with them better to help them to understand why change is needed.
4	<p>NHS FOCUSED/WIDER DETERMINANTS OF HEALTH/INTEGRATED CARE</p> <ul style="list-style-type: none"> People felt the plan was still very NHS focused, and needed more reference to integration, acknowledging the different layers of the local authority, e.g. district councils. People welcomed the move to focusing on the wider determinants of health, but felt that the priorities still reflected improvements in services, rather than wealth, education, and prevention. The link between the wider determinants of health and the STP's Quadruple Aim needs to be made more explicit. Voluntary Sector key to addressing Wider Determinants of Health People wanted to emphasise the importance of ensuring different services communicate with one another. People felt seeking help for more than one condition was much harder. 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 Place Events July 2019 All 4 Welcome Events for the Citizens Panel Healthwatch Long Term Plan Report July 2019 	<ul style="list-style-type: none"> The plan is in part a response to the NHS Long Term Plan, but our commitment to addressing the wider determinants of health will ensure we work in collaboration with partners in public service. This work is emerging and the detail will become more apparent as we move towards becoming an Integrated Care System (ICS), but includes the development of Integrated Care Partnerships (ICP's), which will improve integrated working, and in turn communication. The recommendation at the STP Board meeting in Dec 2019 was to have 4 ICP's: <ul style="list-style-type: none"> i) Chesterfield, North East Derbyshire and Bolsover ii) Derby City iii) South Derbyshire, Amber Valley and Erewash iv) Derbyshire Dales and High Peak <p>ICPs will include Place's, and Primary Care Networks and essentially ensure integrated care is delivered as close to people and communities as possible. The ICPs will require providers to increasingly move to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/PCN levels. Through the ICPs there will be aligned incentives to improve population health outcomes by encouraging integrated provision and preventative approaches, this will require flexible redeployment of resources to best meet needs and encourage a stronger focus on overall wellbeing and health within allocated resources. <i>'Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete.'</i></p>

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			<p><i>These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved' (Making Sense of Integrated Care, Kings Fund, February 2018). The JUCD C&E team is currently working on a guide to explain these developments in more detail.</i></p> <ul style="list-style-type: none"> • We are developing an integrated volunteering approach for JUCD with funding from NHS England. The commitment will be to identifying volunteering approaches that support public health ambitions, and support integrated care, particularly in relation to the impact of the wider determinants of health on a person's health and wellbeing. • Derbyshire have also been invited to be part of a 2nd cohort of the NHSE and NHSI VCSE Leadership Programme which will support partnership working with the voluntary sector, particularly around Social Prescribing which promotes a holistic approach to people's health and wellbeing, and is particularly useful for people who are lonely or isolated or have complex social needs which affect their wellbeing. • On page 21 you will find that JUCD is also embedding a Population Health Management approach, using data insights to improve health and wellbeing. This could be by stopping people getting sick or, where this isn't possible, improving the way the system supports them. For example, people who live in cold, damp housing may be more likely to develop respiratory problems over the next 20 years because their lungs are affected by their home. If we improved their housing now - they may not have such problems in 20 years' time. We need to use data from a wide range of sources to move from the 'what's the problem' to the 'so what do we do about it'. That's what a population health approach aims to do.
5	IT, DATA INTELLIGENCE AND SHARING INFORMATION <ul style="list-style-type: none"> • Better collection, sharing, and use of data was seen 	<ul style="list-style-type: none"> • STP Board Refresh Event 13th Sept 	<ul style="list-style-type: none"> • Our digital workstream has ambitious plans to join up patients systems to enable a single care record to be in place across all

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	<p>as key.</p> <ul style="list-style-type: none"> Choice around use of online services. 	<p>2019</p> <ul style="list-style-type: none"> Confirm and Challenge Sessions 12th and 29th August 	<p>key services by 2023. See page 46/47 and 61/62 for more information about our full digital strategy.</p> <ul style="list-style-type: none"> A major focus of the STP Plan is the introduction of IT initiatives that will introduce greater choice to those who wish to interact with services in a different way, e.g. from the comfort of their own homes, whilst still ensuring face to face options are available. The citizens panel have recently been involved in sharing their views on online access to health services, and the results can be found here https://joinedupcarederbyshire.co.uk/news/news/panel-members-have-their-say
6	<p>CULTURAL CHANGE</p> <ul style="list-style-type: none"> People felt the plan needed more emphasis on the cultural change need to ensure joined up working and an acknowledgement of the enormity of this task. 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 	<ul style="list-style-type: none"> This has been supported by the recent changes to regulation, i.e. with NHSE and NHSI coming together, and also the potential changes to legislation being proposed that should go some way to support the cultural shift to collaborate rather than work in competition. JUCD is also moving towards focusing on a system saving plan and system quality and performance monitoring, rather than each individual organisations looking at these in isolation. As discussed earlier in theme 2 we are looking at how we can work as a system to understand people's behaviours better and work with the public to understand the need for change, and how they can support this through self-care, at our system comms and engagement workshop on the 21st January. JUCD core team is also looking at ways in which we can embark on significant engagement with staff working in the Derbyshire system to support the development of new models of care, the integration of services and the movement of care from specialist settings into the community, this may be possible through the citizens' panel software we currently have. A key focus of our system OD Plan has been to build awareness of what system leadership is and the behaviours that support it led by Linda Garnett in the JUCD core team. The aim being a

	Theme	Engagement Activities	Response/Outcome
			<p>shift in power and a more distributed leadership, to be followed by comprehensive and active engagement of stakeholders and changes in multiple systems and processes, e.g. joint commissioning, system PMO, Population Health Management, shared enabler services, collaborative approach to workforce planning, development and deployment, shared and aligned comms around transformation.</p>
7	<p>VOLUNTARY AND COMMUNITY SECTOR (VCS)</p> <ul style="list-style-type: none"> • There is a need to see the VCS as partners, and engage with them as a provider of services. • Recent cuts have caused concern to Social Prescribing Offer. 	<ul style="list-style-type: none"> • STP Board Refresh Event 13th Sept 2019 • Place Events July 2019 	<ul style="list-style-type: none"> • We are developing an integrated volunteering approach for JUCD with funding from NHSE. The commitment will be to identify volunteering approaches that support public health ambitions, access and support integrated care, particularly in relation to the impact of the wider determinants of health on a person's health and wellbeing. • Derbyshire have also been approached to be part of the 2nd cohort of the STP/ICS VCSE Leadership Programme. A steering group of key VCS partners has been set up to take this work forward. The aim being to: <ul style="list-style-type: none"> ○ To develop a system-level VCSE alliance with active links between the VCSE representative on the ICS Board, relevant workstreams and place based or neighbourhood-level groups. ○ Create and/or strengthen VCSE alliances at place level and connecting them to the system-level and activity in primary care networks (PCN). ○ Develop and support active two-way communication and feedback mechanisms between the ICS/STP and VCSE sector at system, place and neighbourhood levels, ensuring that the voices of the VCSE sector are amplified. ○ Ensure the VCSE alliances are inclusive i.e. representing organisations of all sizes and diverse communities including those with protected characteristics or that experience health inequalities. In moving towards an ICS

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			we need to ensure that partnerships are developed which allow the VCS sector to be appropriately represented on the Board.
8	FINANCE <ul style="list-style-type: none"> The finance is confusing, and this is impacting on the trust people have in the plans. 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 	<ul style="list-style-type: none"> We will continue to work on the explanation of the finances. This is very complex as we are trying to align and understand finances across health and local authorities and understand how we can maximise the use of public money. We are planning to produce a 'Beginners Guide to Finance' for citizens of Derbyshire, in a similar vein to the 'Beginners Guide to Joined Up Care Derbyshire', which can be found here. This should be available February/March time to support people to understanding the financial strategy for 2020/21. Page 14 and page 25 give more detail about the financial landscape that the plan has been written in.
9	WORKFORCE <ul style="list-style-type: none"> Workforce is seen as a huge challenge, but also a big opportunity to join up, if we stop working in silos. There was concern around how the changes taking place were impacting on staff causing uncertainty and instability. 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 Place Events July 2019 Confirm and Challenge Session 12th August 2019 	<ul style="list-style-type: none"> Our workforce plans continue to emerge to meet the local and national challenges faced with recruitment and retention. Page 43 gives more of the detail. We will also embark on significant engagement with staff working in the Derbyshire system to support the development of new models of care, the integration of services and the movement of care from specialist settings into the community. One of our priorities is to move towards 'recruit once for Derbyshire', i.e. with one induction, contract and set of policies, Aligned organisational HR process will include 'staff passports' to facilitate moving between jobs more easily, see page 25.
10	PLACE BASED WORKING <ul style="list-style-type: none"> The term Place was not felt to be widely understood, or whether indeed people would identify with Place. There was concern over the tension/confusion between Primary Care Networks and Place. Links to other Governance structures should as Health and Wellbeing Boards wasn't clear. 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 	<ul style="list-style-type: none"> The geography of Place is co-terminus with Local Authority districts, which are very familiar to people. As work in Place has gained momentum so has the attempt to communicate this work to the local populations. During the summer, 5 out of the 8 places held engagement events which were well attended, Place have a regular feature in JUCD's newsletter, and Place Public Representatives are being recruited for number of Place Alliances.

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			<ul style="list-style-type: none"> The plan also illustrates the emerging system architecture and way of working together to deliver integrated care. This will continue to evolve. This is likely to build on the Place model. See theme 4 above. As part of our approach to strengthen our response to the wider determinants we are also exploring improved and aligned links with Health and wellbeing Boards.
11	PREVENTION <ul style="list-style-type: none"> There were concerns over the commitment to prevention. Importance of education to be more healthy. Prevention considered fundamental but funding needs to follow. 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 Healthwatch Long Term Plan Report July 2019 Place Events July 2019 	<ul style="list-style-type: none"> Prevention and self-management is one of our five strategic priorities in the plan, see page 19. At JUCD we recognise that embedding preventative approaches in everything we do, has the potential to make the greatest impact to the overall health and wellbeing of our population, reduce inequalities (geographical and for high risk/use groups) and wider determinants which affect use of our systems finite resources. Staff training will include an awareness of the importance of personalised care and self-management.
12	URGENT CARE <ul style="list-style-type: none"> People were concerned over capacity of 111 to be the single point of action for all urgent care. One size fits all approach doesn't take into account needs of rural areas. People felt there needed to be more information about where to go if they get ill or injured. Quick and easy access to the relevant help and treatment was seen to be vital. 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 Healthwatch Long Term Plan Report July 2019 	<ul style="list-style-type: none"> 111 have been rated as Outstanding at a recent CQC inspection, which offers some assurances that there is a firm good quality base on which to build new ways of working. Work has begun to understand people's perceptions of urgent and emergency care and establish people's thought processes when urgent or emergency care is needed. The aim is to make the choices much simpler over the coming year, to combat confusion and ensure people use the right service for their needs, with the implementation of Urgent Treatment Centres. A full outline of the urgent care priorities is available on page 30 of the plan.
13	IMPROVING FLOW <ul style="list-style-type: none"> Concerns over Pathway 2 capacity. Concerns over closer of beds at community hospitals. People want to be able to stay in their own home for as long as possible with the right support 	<ul style="list-style-type: none"> STP Board Refresh Event 13th Sept 2019 Healthwatch Long Term Plan Report July 2019 	<ul style="list-style-type: none"> We now have a workstream in JUCD looking specifically at improving flow. Our model of community care, including beds, is under constant review and we continue to believe that it is the correct pathway of care. We have undertaken an evaluation of this model of care in the

	Theme	Engagement Activities	Response/Outcome
	<ul style="list-style-type: none"> What evaluation has been done/evidence this is the right model 	<ul style="list-style-type: none"> Chesterfield Welcome Event 11th Sept 2019 Buxton Welcome Event 17th Oct 2019 Derby Welcome Event 2nd Derby 2019 Feedback received following publication of the draft STP Plan 	<p>North, and will do the same in the South, and we will continue to keep the flow of patients accessing each pathway under review.</p> <ul style="list-style-type: none"> Patients are enabled to receive care at home or outside of hospital wherever that is medically appropriate.
14	<p>END OF LIFE</p> <ul style="list-style-type: none"> People want to feel well supported at the end of life. 	<ul style="list-style-type: none"> Healthwatch Long Term Plan Report July 2019 	<ul style="list-style-type: none"> The Joined Up Care Derbyshire Board agreed a new End of Life Care Strategy in October 2019 to ensure there is a standardised, Derbyshire-wide approach to supporting people at the end of their lives, personalised to allow people to die in their preferred place of care. Actions will include improved sharing of records relating to end of life care plans, 24/7 access to critical services, increased support for families and carers as part of the person's 'dying team' and a greater understanding of what matters to the person most at the end of their life. See page 42 of the plan.
15	<p>CARERS</p> <ul style="list-style-type: none"> Want to feel listened to, and included in early conversations (where appropriate), about their loved ones health. Carers need their own health and wellbeing needs supported. Need to stop having to repeat the same information over and over. 	<ul style="list-style-type: none"> What Carers Want (Creative Carers) Healthwatch Long Term Plan Report July 2019 	<ul style="list-style-type: none"> With the support of Creative Carers a 'What Carers Want' summary was created over the summer from engagement activities that had taken place with carers over the past 2 years. This was ratified at two further engagement events with carers in Derby and Derbyshire. There is currently some work being done to look at how this could be drawn up into a simple charter for system sign up.
16	<p>ACCESS</p> <ul style="list-style-type: none"> To be able to access timely help and treatment when needed, e.g. access to a GP, or support 	<ul style="list-style-type: none"> Healthwatch Long Term Plan Report July 2019 	<ul style="list-style-type: none"> Primary Care Networks will address many of the issues currently impacting on access to GP's over the next few years, with resource to grow the wider workforce, e.g. link workers,

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	<p>groups.</p> <ul style="list-style-type: none"> • Access to support following diagnosis e.g. specialist nurses and support groups • Reasonable adjustments for people with LD to support access 	<ul style="list-style-type: none"> • LD Workshop 18th Oct 2019 	<p>and clinical pharmacists, and work with community partners.</p> <ul style="list-style-type: none"> • As part of the accessible information standard, reasonable adjustments should be made to ensure information is accessible to people with Learning Disabilities, and services should continue to strive to meet this standard. Page 37 outlines all the priorities for the LD and Autism workstream, one of which is to ensure the implementation of a digital flag which would help support this outcome through identifying patients who require reasonable adjustments. However, this needs to be supported by a system wide training programme to be implemented next year. • Social prescribing is a key element of ensuring that people get access to support following a diagnosis, e.g. through local support groups. This is a key element of the personalisation agenda, embedded throughout the plan.
17	<p>JOINING UP ACROSS BORDERS</p> <ul style="list-style-type: none"> • People wanted assurances that JUCD works with other STP's and ICS's to join up pathways across borders. 	<ul style="list-style-type: none"> • Buxton and Swadlincote Citizens Panel Welcome Events - 17th Oct and 22nd Oct. 	<ul style="list-style-type: none"> • We are linked with our neighbouring STPs/ ICSs to ensure cross border issues are managed. This has become stronger with Staffs in particular due to the Derby/ burton merger. This has resulted in the review of priority pathways such as hyper acute stroke, which has led to improvements in local access for stroke patients. • Initiatives such as the East Midlands Cancer Alliance ensure cross border pathways are at the heart of improving services for cancer patients for example, between E Staff and Derby, Chesterfield and Sheffield, South Derbyshire and Leicestershire.
18	<p>FRAILITY</p> <ul style="list-style-type: none"> • Identification, assessment, and management of frailty should be a priority for JUCD. • It was suggested that we might want to change terminology from elderly to older or frail throughout the plan. 	<ul style="list-style-type: none"> • Feedback received following publication of draft STP Plan. 	<ul style="list-style-type: none"> • Frailty has been a significant priority for Place Alliances to date and this will continue to help reduce avoidable admissions to hospital, provide increased support for co-morbidities and long term condition management, and improve support for patients at risk of falling. • The Derbyshire Frailty Model is referenced throughout the STP plan. • We are currently implementing an 'Always Event' in the High

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			Peak and Chesterfield areas with an emphasis on frailty. This is currently being discussed with Citizens Panel members who are being invited to coproduce the approach.
19	<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> • Needs to be a priority. • Seen as the poor relation to physical health. • Better urgent and emergency provision. • Need to join up Mental and Physical Health 	<ul style="list-style-type: none"> • Place events July 2019 • Mental Health Together JUCD workshop. 	<ul style="list-style-type: none"> • Mental health is a clear priority within the plan and the Derbyshire system is continuing to meet the minimum investment standard for mental health. See page 33 for comprehensive list of deliverable for mental health. • Integrated care provision will increasingly seek to join up mental and physical health and we agree that this needs to improve. • The mental health workstream is leading the way for the system in many respects and it is recommended that the Mental Health Strategic Board now take on full responsibility for: <ul style="list-style-type: none"> ○ the delivery of all performance and quality standards; ○ ensuring services are provided within the mental health programme budget; ○ planning and prioritising all investments as required by the Mental Health investment standard; ○ implementing the NHS Long-Term Plan for Mental Health; ○ delivering agreed system savings plan where they are delivered through mental health services. <p>Paving the way for fully integrated system working in Mental Health. Although still to be agreed this gives an understanding of the level of maturity of the Mental Health Strategic Board, and the emphasis placed on the need to fully integrate mental and physical health.</p>

Please note - A full summary of discussion and delegate list for the STP Board Refresh Event on the 13th Sept can be found on our website <https://joinedupcarederbyshire.co.uk/get-involved>). A wide range of 80 stakeholders attended, including lay people, local authority partners and voluntary sector.

The Healthwatch Long Term Plan Report 2019 can also be found on our website. <https://joinedupcarederbyshire.co.uk/news/news/healthwatch-report-launched-nhs-long-term-plan>