



Joined Up Care
Derbyshire



Involving People and Communities

Derbyshire's Integrated Care System (ICS)



The Derbyshire
VCSE sector
Alliance





Derby City Council



DERBYSHIRE
County Council

This document sets out how we listen consistently to, and collectively act on, the experience and aspirations of local people and communities within the ICS. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

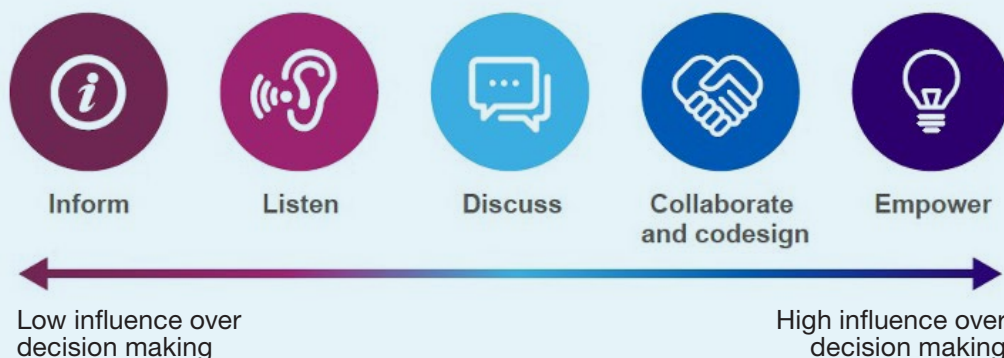
In developing our approach to this area of work we have been guided by 10 key principles. These are:

 1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	 6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
 2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	 7. Use community development approaches that empower people and communities, making connections to social action.
 3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	 8. Use co-production, insight and engagement to achieve accountable health and care services.
 4. Build relationships with excluded groups, especially those affected by inequalities.	 9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
 5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	 10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.

Working effectively with people and communities is one of the essential enablers of success for our health and care system. The challenges we currently face can only be addressed by listening to, understanding, and drawing on the diverse thinking of those we collectively serve, and who know the issues best, for example, local people, those who need services and unpaid carers. Which means that involving people and communities in our work is more than just a legal or moral duty, it is about supporting people to embrace the change that is critical to the success of the ICS.

Our Engagement Strategy aims to ensure that patient and public involvement is embedded at the heart of decision-making around service change within the ICS. It is an essential part of making sure that effective and efficient health and care services are delivered, by reaching out, listening to, involving, and empowering our people and communities to have a voice.

Engagement isn't a rigid process; it requires a lot of flexibility. It should be seen as a spectrum of activity that involves different methods and approaches. To get it right it's best to think about it as a continuum:



Our aim is to always give patients and the public the highest influence possible in the decisions we make within the time and resources available.

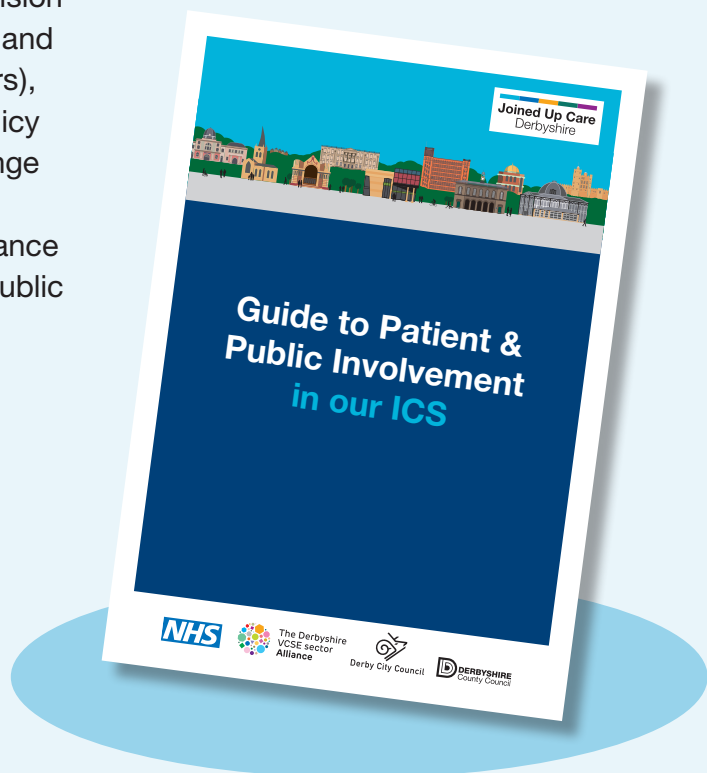
Within Joined Up Care Derbyshire, we have the following methods and tools at the disposal of all our system partners to support our work in this area.

Guide to Patient & Public Involvement in our ICS

We have produced a guide to outline our legal and moral obligations with regards to patient and public involvement. These obligations apply to any change to the provision of NHS services which involves a shift in the way frontline health services are delivered. By service change we often mean a ‘change to the range of services available or a change to the location from which services are delivered’, but there is no single, generally accepted definition of service change and in particular no legal definition, so each case is assessed on its specific attributes. This might apply to plans to reconfigure or transform services to improve health and wellbeing, changes to specific services, new models of care, new service specifications, or local improvement schemes.

The guide has been developed to help decision makers (this includes NHS commissioners and providers, as well as ICS leads and partners), to both navigate the common legal and policy issues from the very start of a service change programme through to the final decision-making, but also to understand the importance of involving patients and members of the public in service change programmes.

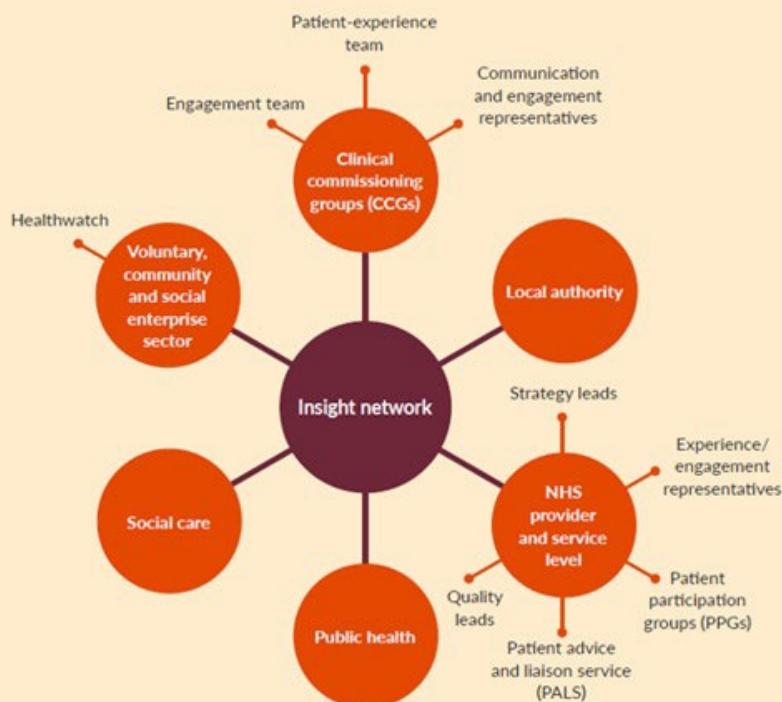
The guide can be found [here](#).



System Insight Group

The group meets approximately every eight weeks via Microsoft Teams. It has a diverse membership, including patient and public engagement and experience leads from across the system. Any professional with an interest in patient and public insight can join by contacting: Karen.lloyd24@nhs.net

The vision of the Insight Group is to 'develop a culture of being insight-led across the system when making decisions' – insight could be from evidence, research, reflections, conversations, observations, from any number of different sources.



Our general aims are to:

- Collect and organise insight being gathered across the system to make it easily accessible and searchable
- Promote and achieve buy-in from system partners to use this insight in decision-making, and before making decisions to engage with the public
- Reduce over-surveying of the residents of Derbyshire, avoiding instances of people being asked the same questions repeatedly
- Support collaboration between organisations around gathering insight by enabling links to be made between individuals/organisations who are working on the same area or are wanting the answers to the same questions. Maximising scarce resource
- Move away from seeing residents as patients, service users, or communities, depending on which organisational perspective you hold, and see them as people who need to be put at the heart of decision-making across the system, i.e., despite having multiple public sector partners, we have one Derbyshire population
- Support the use of a variety of methods for gathering insight, moving away from an over-reliance on surveys to methods that nurture and use existing relationships.

Our work to date includes:

- Digital Inclusion Checklist
- Patient and Public Insight Library

■ Digital Inclusion Checklist

The Digital Inclusion Checklist is based on insight gathered from various system partners during the pandemic, around people's experiences of accessing health and care services remotely. The checklist provides a tool for providers to use to ensure that consideration is given to the needs of all patients and service users when promoting remote channels and services. The checklist has been included in the '[Joined Up Care Derbyshire Digital & Data Strategy](#)'. A key component of the digital strategy is ensuring all our citizens are fully empowered to utilise digital health and care services. The aim is to embed the 'Digital Inclusion Checklist' in the design, implementation, and rollout of future citizen-facing digital services.

If you would like a copy of the checklist, please contact Karen.lloyd24@nhs.net or you can find it on page 45 of the [Digital and Data Strategy](#).

■ Patient and Public Insight Library

The library is a system to collect, and collate insight gathered across all system partners in Derbyshire. It is easily accessible and searchable by a wide variety of professionals and can be found on the NHS Futures Platform.

The library aims to assist decision-makers to find current insight in the system, to avoid duplication and consultation fatigue, and aid decision-making.

To request an invite to join the Patient and Public Insight Library please contact lee.mellor1@nhs.net. If you are new to the NHS Futures Platform, you will be asked to sign up and complete your profile details. This is free, quick and easy and instructions will be included in the joining email. If you are already a member of the platform you can find the workspace [here](#).

Here are a few examples of reports that can be found on the Patient and Public Insight Library:

- Perceptions and Reality of accessing Primary Care, and Urgent and Emergency Care (UEC) – Britain Thinks - Joined Up Care Derbyshire commissioned research to understand patients' perceptions and experiences of accessing primary care and UEC.
- Covid-19 Population Restoration and Recovery: Anticipating the future direct and indirect negative impacts of the pandemic for Derbyshire (City and County). This insight outlines the anticipated negative effects of Covid-19 measures on accumulating unmet need and build-up of morbidity.
- A Report on the Black Caribbean Community's Relationship with Social Care in Derby - Derby West Indian Community Association (DWICA). The report takes a thematic analysis approach to understand the black Caribbean community's relationship with social care in Derby.

We are keen to feature insight from all system partners on the library, so if you are aware of relevant insight, please get in touch. If you have any questions, please contact ddicb.engagement@nhs.net.

Connected to this work is the Insight Framework.

Insight Framework

The Insight Framework is a programme of work which is looking at how we identify and make better use of insight that is already available in local communities to inform the work of the ICS.

Many communities already have established mechanisms of finding out what's important to people, with regards to their wants, needs and aspiration. If we can find a way to harness, and examine that insight, building on existing relationships, networks, and activities, and present it in a way that will enable the ICS to listen and understand it, then we can work towards collective system action, that puts the voice of people and communities at the heart of decision making in the ICS.

This approach is about authentic collaboration with communities without a pre-set agenda and is born out of a collective desire to listen and learn from communities and apply this learning to our work.

In summary the aims are to:

- Listen to and understand what we are hearing from people and communities
- Develop a mechanism to connect lived experience with the ICS to inform future priorities and subsequent action
- Connect with and learn from current asset-based approaches to inform this way of working
- To build, facilitate and support a learning culture amongst those involved.

Initial work involves:

- Conducting a review of good practice in this area to date, so that we can learn from and connect in existing work, and help us make the most of existing resources, experience, and knowledge
- Establishing a learning network to codesign this work together.

This work is in its infancy. If you would like to know more or be involved, please contact Karen Lloyd karen.lloyd24@nhs.net.

Readers Panel

This panel reviews new and revised information that is going out to patients and members of the public, to make sure the information is understandable, clear, and concise. It is important to us that we know we are using the right words, in the right way to get our message across clearly.

We have 30+ volunteers who are available to review patient facing leaflets, documents etc. and are asked to provide feedback within two weeks.

We have a standard feedback form and members are free to comment on any aspect of the leaflet/document in relation to what they feel needs improvement or praise.

If you would like to join the panel or have information that you would like the panel to review, please contact Hannah Morton Hannah.morton10@nhs.net.

Healthwatch

Healthwatch is the statutory body responsible for understanding the needs, experiences and concerns of patients and the public, and to ensure people's views are put at the heart of health and social care. Healthwatch listens to what people like about services and what could be improved, and has a broad remit, covering health and social care for both children and adults. It serves the whole community, not specific groups, and provides an independent source of insight gathered outside service delivery.

As an independent organisation, people can talk to Healthwatch honestly and openly about their experiences, and with their proven track record of engaging with people that are less likely to share their views or experiences, this means that as an organisation they can add value to any plans to involve patients and members of the public.

Healthwatch will consider requests to conduct engagement within their priority setting frameworks, as long as there is an opportunity to influence the decision-making process.

Derbyshire is covered by Healthwatch Derby info@healthwatchderby.co.uk and Healthwatch Derbyshire enquiries@healthwatchderbyshire.co.uk.

Citizens Panel

Our citizens' panel aims to hold a representative cohort of people that mirror the population of Derbyshire by age, gender, ethnicity, and district. The only restriction to membership is that people need to be 16 and over and live in Derbyshire.

The panel can be used to get a quick population 'temperature check' on a particular topic and check out insight from less rigorous methods, such as focus groups to see if it's reflective of the population.

The panel was showcased at the NHS Health and Care Expo in Manchester in 2019.

Here are a few of the frequently asked questions about the panel.

■ What is involved if I join the Citizens' Panel?

Citizens' Panel members will be contacted throughout the year to provide their input and views on health and care services in Derbyshire. You will be invited to take part in a range of surveys which you can fill in online or through the post, and you can also opt to attend focus groups, working groups or committees in person, or online to talk about health and care in more detail.

Every aspect of the panel is entirely voluntary; you can get involved as little or often as you like, either online, or at events in person.



■ What's in it for me?

- You will be helping to ensure we provide better quality care in a way that matters the most to local residents.
- You will have the opportunity to have your views heard by local health and care decision makers.
- You will find out about new plans and ideas for Derbyshire.
- You will be reimbursed reasonable travel expenses for participation in face to face meetings such as focus groups.



■ Will I receive feedback if I take part?

It is not possible to reply to every comment we receive individually but we are committed to feeding back on how collectively information has been used to influence the decisions being made about health and care services.



You can find out more information and join the panel [here](#).

Integration Index

As we move towards the greater integration of services, it has become increasingly important to understand what is meant by integration and how to measure it from a user perspective. There is currently no effective approach in place to measure integration, and current practice around the collection of patient experience data, mirrors the delivery of services, in that it is currently measured by each service separately. Connections are not made that would help to address the difficulties individuals have understanding and navigating pathways, which is essential if we are to move towards more joined-up care.

It is recognised that one single measure of integration would be too narrow to capture the very large number of potential pathways, however ensuring the consistent measurement of person-centred, coordinated care is essential to effectively design and implement an integrated care service that works for both users and care providers.

Derbyshire is currently working with the King's Fund to develop a prototype for a local Integration Index, in partnership with the 'Team Up' project team.

Team Up Derbyshire is an ambitious programme in Derby and Derbyshire that aims to create one team across health and social care who see all housebound patients in a neighbourhood.

The overall aim of the service is to keep people safe at home and provide the best, most seamless, care, keeping people out of hospital wherever possible. Team Up Derbyshire aims to ensure that person-centred care services are provided at the right time, in the right place, by the right person. As a result, people should be able to live well, for longer.

This team is not a new or 'add on' service – it is a teaming up of existing services – with general practice, community, mental healthcare, adult social care and the voluntary and community sector all working together. Hence the initiative lends itself well to the development of a local integration measure, which will help to measure from the patient and/or carers perspective, whether joining up care in this way provides a better experience for patients and better health outcomes.

This work is in the early stage, please contact Karen.lloyd24@nhs.net for updates.

Alongside this work there is also a National Integration Index in development, which is led by NHS England and Improvement (NHSEI). The aim is for this index to go live in all systems across England by April 2023. The index will provide early intelligence as to the impact of ICS's, hearing from people and carers who rely on multiple services to provide a unique perspective on how well care is being joined up. The likelihood is that this will be a longitudinal measure, so that we can track experiences over time.



Online Engagement Platform

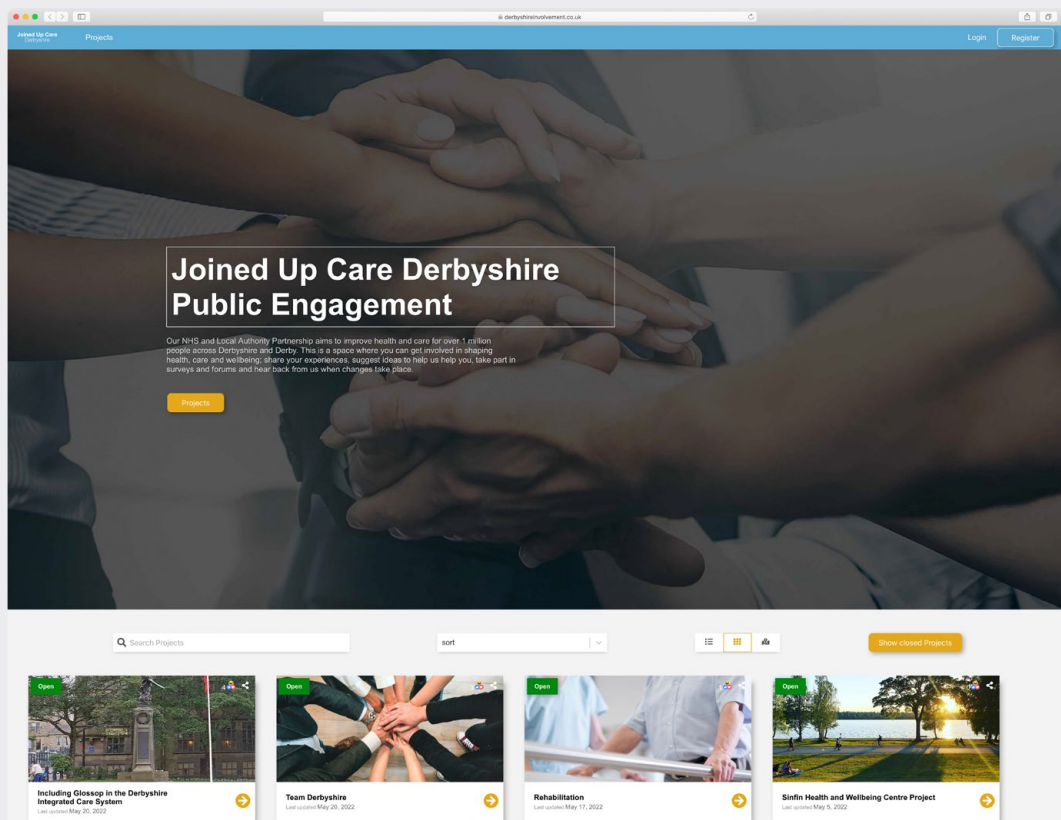
We launched the [Joined Up Care Derbyshire Engagement Platform](#) in June 2021. It provides interactive feedback and analytical tools to make it easier for communities to be involved in decisions being made around system transformation. Some key features of the platform:

- It offers people the opportunity to explore a wide range of projects and work where we are seeking their input and involvement
- It uses a variety of interactive tools including surveys, quick polls, Q&As, maps, document sharing and ideas boards
- It provides a space to share experiences, hear from others, build networks and share ideas
- It helps our communities to better understand, and relate to the transformations we intend to facilitate as part of the ICS through frequently asked questions (FAQ's) and News Feed.

Our citizens' panel is embedded within this portal.

We would encourage you to take a look around and get a feel for the site and check back regularly, as we continue to add and update content throughout the year. You can find the platform [here](#).

All system partners are welcome to use the platform, if you would like to know more please contact Lee.mellor1@nhs.net.



Patient Participation Group (PPG) Network

PPG's represent the patient population of GP practices and are generally made up of a group of volunteer patients, the practice manager and one or more GP's, they meet to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

The implementation of PPG groups across the city and county is currently very inconsistent, with some GP practices having exceptionally well-run PPG groups, whilst others have no PPG group at all. The pandemic has increased the inconsistency due to some groups feeling more confident than others to move to an online format.

We have responded to this by creating a county-wide PPG network to bring PPG Chairs and their members together, offering support, and a forum for discussing areas of interest and concern.

The network meets every 2 months for 1.5 hours. The agenda is determined by both the members of the network, and ICS staff.

For more information about upcoming meetings please contact Hannah Morton Hannah.morton10@nhs.net.

One of our PPG Network members, Ann Hillyard, has this to say about the network:

“For four years I was Chair of the Dronfield network. Four practices met four times a year with a CCG member of staff in attendance and the occasional speakers from other organisations. Since the formation of the Primary Care Network (PCN) the PPG network meetings have been most helpful in getting to know the other Chairs and learning what happens in other PPG's. With the opportunity to ask a question, verbally or through the chat box, we learn so much. The agendas are always interesting, and members are asked if there is anything in particular, they would like to discuss. Some of our PPG's are in an area of deprivation, whilst others are in an area of affluence. What may be a problem in one area might not be a problem in other areas. By us all getting together we receive lots of information and a chance to bounce our ideas off each other. Covid means that we have to meet virtually but I think it really works. Trying to find a meeting place to suit everyone would be a logistical nightmare both in terms of travel and time getting there. As a PPG network we can learn from you but also you can learn from us. I look forward to every meeting and find the presentations excellent. The virtual meetings also allow us to put a name to a face, particularly CCG staff. This makes the whole experience pleasant and makes it much easier to talk to people that you can put a face to.”

Derbyshire Dialogue

Launched in September 2020, the 'Derbyshire Dialogue' was set up to start a conversation between our residents, and those commissioning and providing services to update them on the response to the Covid-19 pandemic but has now broadened out its remit to include all manner of different topics.

Through this forum, our residents can discuss their experience of services, what's been helpful, what could be improved, and what matters most to them in their design and delivery.

Sessions are delivered by senior clinicians, or officers in their field, and cover a range of topics, e.g., long covid, urgent and emergency services, mental health, cancer services, NHS 111 First and primary care services. You can find information about the latest topic [here](#).

To suggest a topic for the Derbyshire Dialogue please contact ddicb.derbyshiredialogue@nhs.net.

One of the regular participants of Derbyshire Dialogue, Jocelyn Street has this to say:

"I have been attending the Derbyshire Dialogue sessions almost from their inception and have found them all very good in both the topics covered and the information supplied. The fact that they provide an opportunity for people to raise questions and enter into a discussion is a really good example of engagement with the wider public and I know that they attract people who do not otherwise engage with the NHS. It is good to note that the numbers participating are steadily increasing. As a member of the Engagement Committee, I strongly feel that Derbyshire Dialogue is playing its part in wider-ranging and more effective communication with the public."



Embedding the Voluntary, Community, Social Enterprise (VCSE) Sector in the ICS

The Voluntary, Community and Social Enterprise (VCSE) sector are a key transformation, innovation, and integration partner. The sector provides a strategic voice and is critical in the delivery of integrated and personalised care. This programme of work aims to facilitate better partnership working between Joined Up Care Derbyshire and the VCSE sector and enhance the role of the sector in strategy development and the design and delivery of integrated care. The programme supports the development of a VCSE leadership 'alliance' at a system level, with mechanisms for feeding into all levels of decision making. The VCSE alliance aims to:

- Encourage and enable the sector to work in a co-ordinated way
- Provide Joined Up Care Derbyshire a single route of contact and engagement with the sector and links to communities
- Better position the VCSE sector in Joined Up Care Derbyshire, enable it to contribute to the design and delivery of integrated care, and have a positive impact on health priorities, support population groups or reduce health inequalities.

In addition to the above VCSE organisations are often trusted, accessible and skilled at outreach and engagement. They work with some of the most disadvantaged communities and have an excellent understanding of the health and care issues their beneficiaries face, both at a local and national level. The VCSE sector is well placed to provide expertise to directly engage patients and the public in the change process and to advise/support staff.

If you would like to know more about what is happening and get involved in the programme, then please contact Wynne Garnett, Programme Lead wynnegarnett@googlemail.com

Black, and Minority Ethnic (BME) Partnership

We are working in partnership with Derbyshire County Council (DCC) and Links CVS, to build relationships with the BME Partnership that currently exists in the County. The BME partnership is a sustained and coordinated engagement mechanism, which provides an infrastructure to enable the BME community to be actively engaged with all manner of decisions being made about DCC services. Participants in the partnership are supported to give feedback on policy and service development, via a two-way communication channel, which aids better understanding and response to the needs of BME communities. Participants are supported to plan and conduct engagement with their communities and raise issues on their behalf via the partnership. There are currently 10 groups represented in the partnership and work is taking place to identify and empower new and emerging BME communities to take part. We are working with DCC and Links CVS to broaden the conversations of the partnership to support the work of the ICS, and gain insight on key areas of transformational work, e.g., Urgent Care. For more information please contact ddicb.engagement@nhs.net

Patient and Public Partners

Patient and public partners are lay members who want to be involved in improving health and care. They have extensive experience either as a patient, family member or caregiver; others have been part of the health system in a professional manner.

Our partners get involved in various aspects of work in the ICS to help develop and improve services.

They provide:

- Important insights and ideas for quality improvement efforts
- Improve communication between patients and health care providers leading to improved patient and provider satisfaction
- Help health care providers embrace potential changes, as they are able to see them from the patients' perspectives
- Help to ensure that patients are full participants in decisions that affect them
- Contribute to meaningful changes to health care services.

Jo Blackburn, Personalisation Programme Manager for Joined Up Care Derbyshire, has this to say about the Patient and Public Partner initiative:

“The Living with and Beyond cancer workstream is the best meeting I attend because there are people in attendance that have lived experience of cancer. They are good at challenging some of the conversations and relating them to what it’s like having to live with a condition, something we really can’t understand. At many meetings, they challenge the use of all the acronyms which often, other participants don’t even understand the meaning of (but are afraid to ask). All services should have people with lived experience participating, it makes such a positive impact.”

For more information on the Patient and Public Partner initiative please contact

Hannah.Morton10@nhs.net.

For more information on any of the above areas of patient and public involvement please contact ddicb.engagement@nhs.net.