

April 2021 newsletter

Joined Up Care Derbyshire is the name for Derby and Derbyshire's Integrated Care System (ICS). You can find out more information in our 'Beginners' Guide to Joined Up Care Derbyshire' which can be found on our [website](#).

Get Covid Facts not Covid Fiction

A new campaign has launched aimed at helping people get the facts about coronavirus.

There is lots of misleading information circulating, especially on social media, leading people to wonder what is true and what is not.

The new campaign 'Covid 19. Get the Facts' provides trusted, professionally sourced information about some of the main issues people may have questions about.

This includes the Covid vaccinations, the importance of prevention measures such as wearing a face covering and social distancing, as well as information about a wide range of other Covid-19 related topics.

You can read up on all the facts [here](#)



COVID-19 FACT

We've put together lots of trusted, quality checked, information about COVID-19. Visit our website to find out more.

How do I know what information to believe?

DERBYSHIRE
County Council

Planning for care closer to home



One of the main aims of Joined Up Care Derbyshire is to plan, design and implement care closer to or in people's homes that reduces the need for people to have a stay in hospital, or support them to be discharged from hospital when medically assessed as ready to return home. This is done by ensuring that the appropriate level of care and support is available for people at the time they need it.

A stay in a hospital can have a debilitating impact on a person's independence. People's preferences for care are changing with more opting for care at home, or close to home in their own communities when possible.



35% of 70-year-old patients increasing to 65% for those over 90 years old, experience a deterioration in their mobility and a loss of independence in relation to being able to perform daily living tasks, such as dressing, toileting and bathing, as a result of a stay in hospital.

Joined Up Care Derbyshire's ambition for care and treatment is outlined below:



Prevention:

Ensuring that illness is prevented wherever possible. People are helped to stay well, manage their own health, and recognise the importance of identifying symptoms early on, so they can lead happier and healthier lives.



Community:

Ensuring where illness cannot be prevented it is treated in the community and primary care (for example, at your local GP surgery). This will ensure that people are increasingly cared for in their own home, and remain independent for as long as possible.



Secondary care treatment:

If care is required in hospital, it is important that treatment is provided without having to stay in hospital as an inpatient wherever possible.



Support to go home:

If an inpatient stay is needed, when people no longer need a hospital bed it is important they are supported to return home as soon as possible.

The Care Pathway Approach

To make it easier for people to understand the different levels of care and treatment available, Joined Up Care Derbyshire has developed a 'Pathway Approach'. This aims to both prevent people from going into hospital in the first instance, but also support people to return home, or close to home as soon as possible, should an inpatient stay be unavoidable.

The 'Pathway Approach' defines how health and social care teams will work in partnership with one another, to assess a person's needs, and put in place the right type of care and treatment that will enable them to regain their confidence and independence to return to the place they call home if at all possible.

I Can go Home (Pathway 0)

A person can stay at home or return to the place they call home without further assessment.

I Need a Home Assessment (Pathway 1)

A person can stay at or return to the place they call home with an assessment for community care and support needs, e.g. daily visits from a carer, or community nurse.

I Need a Temporary Community Support Bed (Pathway 2a)

Staying at or returning to the place they call home is not an immediate option for the person, so the person is discharged to a 'community support bed'. This is provided in a residential home setting with 24-hour care available, i.e. assistance with daily living, like dressing and eating, but nursing care is not needed. The person is supported to recover and return to the place they call home as soon as possible.

I Need a Temporary Community Nursing Bed (Pathway 2b)

The same as the pathway above, apart from 24-hour nursing and clinical support services are also required. For example, the person has complex medical conditions that require the specialist knowledge of registered nurses, or a person's medical condition requires monitoring.

I Need a Permanent 24-hour place of care (Pathway 3)

A patient requires 24-hour nursing care or a residential home providing 24-hour support which is likely to be a permanent situation subject to the continued assessment of needs.

So how does this work in practice?

One of the services being created to work in this way is 'Team Up' the community urgent response service.

This service aims to create a single team of professionals across health and social care who see all the housebound patients in their neighbourhood. This team will do all the urgent, planned, and anticipatory care for this group of people, to ensure that the right thing is done at the right time by the right person. It's not a new service or an add on to an existing service, it's a 'teaming up' of existing services that already exists – so Joined Up Care at its best.

This will be the biggest change in the way primary care is organised since the start of the NHS, as general practice will join up with community providers, mental healthcare providers, adult social care and the voluntary and community sector to put the patient at the centre and offer holistic care to meet their needs.

When a housebound patient has an urgent care need, currently the service they receive is largely from the ambulance service or their GP. This person is usually time-pressured, and alone in their decision making, which can lead to them making the quickest and easiest decision to ensure the safety of their patient which might not necessarily be the right decision.

The Community Urgent Response team aims to offer a different solution:

John is 89 and lives alone since his wife died 4 years ago, John nursed her through a long illness. He plays bowls on a Wednesday afternoon and visits the pub on a Friday evening. He gets occasional gout. Gout is transient, usually affects one joint at a time and is excruciatingly painful. There are good treatments that usually resolve the pain within a couple of days. There are also effective preventative treatments that need to be started at a different time. This morning John awoke with a gout attack in his left ankle, when he got up for a wee he found he couldn't stand and is stuck on the floor by his bed.



Who should he ring?

Scenario One – Before ‘Team Up’

John rings his GP

The GP arranges to visit John after their morning surgery. John manages to crawl to the toilet and back to bed. When the doctor comes at 2pm John puts on a brave face, the GP agrees John has gout and prescribes Colchicine which the pharmacy delivers at 4:30pm. At 6pm John tries to get to the toilet again, gets stuck, is incontinent and calls 999. The ambulance arrives at 8pm, options are limited so they take him to the hospital.

John rings NHS 111

Because he is on the floor, they arrange an ambulance.

The ambulance crew help him up and try to contact his GP, but after 1 hour he has not received a call back.

They take him to the hospital as a place of safety and to obtain an assessment.

In Hospital

John's gout settles in a couple of days, but by that time he has caught a chest infection. This takes a week to clear, by which time he is unsteady on his legs and needs a package of care. After 10 days John goes home, he has lost his confidence and is very anxious about leaving the house. He becomes depressed and misses his follow up appointment with his GP. Preventative medication isn't prescribed, and he falls again 2 months later. John never plays bowls again.

Scenario Two - With ‘Team Up’

John rings 999, 111 or his GP surgery who are all able to link to Team Up.

His call is processed by the Community GP and passed to the paramedic who arrives at 9:30am.

The paramedic:

- Helps John to the toilet and back to bed, talks to him and examines his ankle
- Discusses with the Community GP to confirm it is gout
- Arranges for a prescription to be delivered – it arrives at 11am
- Discusses with the rapid social care team who arrange 2 visits that day and the following day
- Arranges for crutches so that John can get himself to the toilet and his chair.

The following day, the paramedic rings to see how John is, he is on the mend but still can't weight bear, the support he is getting means he is managing.

The day after, John is feeling better. The morning carer cancels the following visits but leaves a contact number in case of deterioration. He lets the paramedic know through 'Teams' chat. The Team Up GP and the paramedic both talk to John on a video call about prevention and follow up. They arrange a blood test and a follow-up appointment with his GP.

John goes to the pub the following night.

He tells the story of his horrible week and how amazing the NHS is, he is particularly grateful to Karnesh the carer who was so thoughtful.

John only drinks sparkling water!

Other examples of how the care pathways approach works in practice:

Improving Patient Discharge at University Hospitals of Derby and Burton NHS Foundation Trust

During the Covid-19 pandemic, University Hospitals of Derby and Burton NHS Foundation Trust “revolutionised” the way it discharges patients from hospital to help speed up the process of helping patients go home or on to their next place of care safely. More emphasis has been placed on staff to quickly identify individuals who are medically fit to leave hospital and ensure the patient is transferred to the discharge areas where they are assessed and arrangements can be made to have them picked up within a two-hour window. A larger Discharge Assessment Unit (DAU) replaced the Discharge Lounge at Royal Derby Hospital at the start of April 2020, and the team have made some amazing improvements to patient experience, with an average of 58 people being discharged each weekday. The DAU, which mainly cares for patients who are being discharged back home and not onto further care in the community, also sees an average of 26 patients a day at weekends, with most spending just an hour and a half on the unit in total. Nearly quadruple the number of patients are now being discharged in this way each day from Royal Derby Hospital compared to before and around double the number of applicable patients are now also coming through the Discharge Lounge at Queen’s Hospital Burton.

The Integrated Discharge Team, which is made up of community assessment nurses, discharge support officers, social services and community therapists working within the DAU, have played a key role in speeding up the process for those patients who need to be transferred to their next point of care in the community. By completing discharge assessments from the unit and enabling patients to be transferred from the wards as soon as they are clinically stable to do so, lengthy delays that may have taken place before have now been reduced, resulting in a better experience all round for patients.

This change to University Hospitals of Derby and Burton’s discharge process was originally introduced in response to Covid-19 but, having seen the extremely positive impact it has had on patient care, the new model could now be retained by the Trust going forward.



Watch to Jean’s Story [here](#)

Chesterfield Frailty Team

Since 2017 Chesterfield Local Place Alliance members have been developing their vision of a holistic model of care for the housebound and frail, including care home residents. After accepting kind offers of support and with partners committing to using their workforce slightly differently to develop this model, an embryonic frailty team was established in early 2019 in one neighbourhood in Chesterfield. The aim has been to make a difference for the residents of Chesterfield and aspire to seamless, efficient health and social care allowing avoidance of unnecessary hospital admissions and the best care being provided by the right person in the right place.

We recently presented a typical example of the care the team provides, to the Joined Up Care Derbyshire Board. ‘Mavis’ is 92 years old and lives in a care home with several chronic medical conditions. On admission to the home, the frailty team clinician spent time agreeing a clear and detailed care plan with Mavis and her family. This comprehensive plan covered a range of potential scenarios and replaced her previous plan ‘for ward-based treatment only’. During a recent episode of deterioration, the frailty team was able to provide continuity with a clinician that knew Mavis well and was able to diagnose and manage her condition effectively. The clinician also liaised with the family and supported video contact with a portal device. The clinician was able to monitor Mavis at frequent intervals and the care home was able to seek rapid responsive advice from this clinician when Mavis sadly deteriorated further. As the clinical decisions became more complicated, the clinician sought quick support and appropriate advice from the community frailty team GP who was also able to assist in more complex prescribing. In addition, the community GP liaised with the frailty Geriatrician of the day for some reassurance and advice. The teamwork provided a positive outcome for Mavis who recovered well and avoided an unwanted admission.

Chesterfield Frailty Team (continued)

Similar cases pre-frailty team often involved multiple different practice clinicians, including out of hours who were not always clear on the care plan and who lacked the time to liaise effectively with the family and care home staff. Often, patients like Mavis would end up being reluctantly admitted, at times not just once, and sadly this would frequently lead to some deterioration in their general condition and mobility as a result.

So, in summary, our multiagency frailty team in Chesterfield has proved that joining up and integrating care is possible and provides a positive difference for patients, families, care homes, clinicians and the health and social care system. We are therefore planning to expand our teams now to cover all the Chesterfield and Dronfield Primary Care Network (PCN) geography.

Written by Dr Anne-Marie Spooner, GP Clinical Lead and Chair of Chesterfield Place Alliance.



Think NHS 111 and NHS Urgent Treatment Centres First

If you need medical help Think NHS 111 and NHS Urgent Treatment Centres (UTC) first when your health need is not life-threatening.

Urgent Treatment Centres can be accessed by a bookable appointment by calling NHS 111. Patients can also walk into the centre if needed.

Anyone with difficulties communicating or hearing can:

- Tell the call handler that they need an interpreter
- Use NHS 111 online (for enquiries about patients age 5 and over only)
- Call 18001 111 on a textphone
- Use the NHS 111 British Sign Language (BSL) interpreter service.

The Buxton Hospital UTC, Ilkeston Hospital UTC, Ripley Hospital UTC, Whitworth Hospital UTC and Derby UTC are open from 8 am until 8 pm.

Here are just some of the conditions that can be treated at your local UTC:

- Sprains and strains
- Cuts
- Broken bones, Fractures, Sprains and Strains
- Stings and Bites
- Wound infections
- Minor head injuries
- Minor burns
- Animal bites
- Minor eye injuries
- Other minor injuries
- Infections (skin, ear, eyes or urine)

Your assessment will be carried out by a team of highly experienced staff, led by Emergency Nurse Practitioners giving you quick access to health information, advice and treatment.

You can find the link to the leaflet [here](#)



NHS employers join forces to train the healthcare professionals of the future



NHS employers are urging East Midlands teenagers to apply for an exciting careers programme training the next generation of healthcare and life science professionals.

The Derbyshire Health and Life Sciences Academy equips students with the skills and knowledge to progress onto careers in health, life sciences, wellbeing and social care.

The academy has been set up in partnership with employers in response to an urgent demand for young people with the technical and academic skills they need.

Developed with Joined Up Care Derbyshire, and the University of Derby, the academy first opened its doors in September 2020.

Young people can join the academy, based at UTC Derby Pride Park on Locomotive Way, aged 13 in Year 9 or aged 16 in Year 12. To apply now for a place in September 2021, visit [here](#)

Lee Kirkwood, Associate Principal of UTC Derby Pride Park, said: *“It’s really exciting to work with top regional employers and provide our students with fantastic careers opportunities given the urgent need for more highly skilled young people in the health and life sciences professions in the East Midlands.”*

Susan Spray, Programme Lead, Joined Up Careers Derbyshire, said: *“The coronavirus pandemic has shone a light on the rewarding careers across the health and social care sectors in Derbyshire and beyond. We are delighted to support the academy as it trains the next generation of healthcare and life sciences professionals.”*

She added: *“This academy will play a pivotal role supporting the high number of employers regionally who are looking ahead at the workforce of the future - they need students who not only have the health and life sciences subject knowledge but the skills-base too.”*

Providing a single secure view of all patient data

In our last newsletter, we told you about a new multi-million-pound contract to generate a shared health and social care record for each Derbyshire and Derby city resident. We are now able to disclose that this has been awarded to the IT solutions firm, Orion Health. It will mean that health and social care professionals working across the local NHS and social care organisations will be able to securely access the same records promoting improved and more joined-up care.

The secure web-based system will provide clinicians

and other professionals with the tools to support improved patient care by providing a single view of all patient data which spans across systems, locations and organisations. It also means service users don’t have to provide the same facts repeatedly or undergo unnecessary clinical tests. The contract award is the first step and in the coming months, further details will be shared so that local residents can understand what this might mean for them. For more information you can visit [here](#)



It's okay not to be Superwoman - Women in Leadership

There is an increased focus on the importance of having more women wielding positions of power to increase diversity at the top. Derbyshire's General Practice Task Force (GPTF) has teamed up with Dr Rachel Morris, GP turned Executive and Team Coach to host a Women in Leadership seminar this May. The session will delve into some of the challenges women face along the route to a leadership role including one's own thinking.

GPTF, are working hard to champion Equality, Diversity and Inclusion in Derbyshire general practice. We have appointed a new GPTF EDI Fellows, Dr Shehla Imtiaz-Umer and have the fundamental aim that anyone working in the general practice workforce has the same high quality of experience and the same opportunities for progression and development as anyone else irrespective of race, gender identity, sexuality, dis(ability), and health.

GPTF have invited a panel of incredible guests who will share their experiences, their mistakes and their advice for other women in leadership who want to increase their impact and influence. The panel consists of female leaders in primary care, secondary care and commissioning.

You can find full details and booking instructions [here](#)

Support for the Autistic Spectrum Condition (ASC) Community in Derbyshire

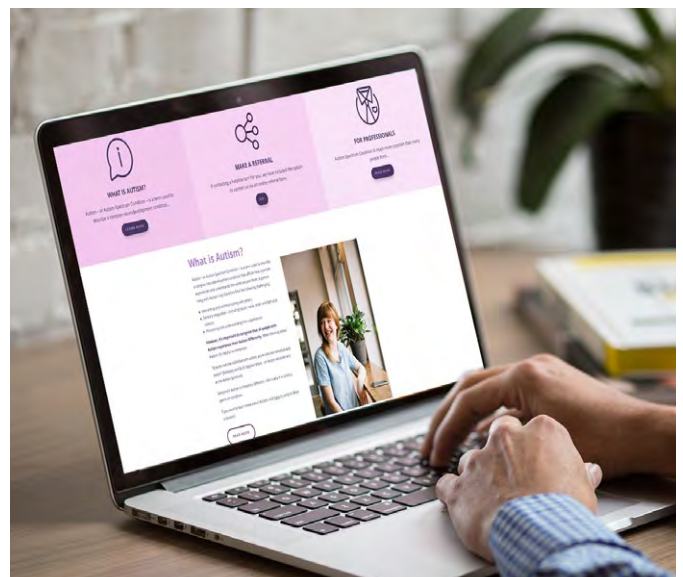
Do you need support with Autistic Spectrum Condition (ASC)? If you live in Derbyshire County and are an individual (16+) living with autism, suspect you may have autism, or are a parent, carer or professional supporting an individual living with ASC, the Autism Information and Advice Service are here to support you.

As we are living through an unpredictable and challenging time, we would like to reassure you that we are continuing to provide support county-wide. We provide a free, confidential signposting service and can help you to seek the right support. We are here to listen to you so that we can understand your needs and work with you to access services and support.

However, we aren't just a signposting service! We run a variety of special events, including Derbyshire County's first-ever Autism Alliance and also provide Autism Awareness training to Derbyshire's statutory professionals.

Please head to our [website](#) for more information, including all special events we are currently running and access to useful, downloadable resources.

Email: autismservice@citizensadvicemidmercia.org.uk
Tel: 01332 228 790, Facebook: Autism Information and Advice.



How maternity services are supporting women from Black, Asian, and minority ethnic (BAME) groups



From June 2020, every Local Maternity and Neonatal System (LMNS) received a letter from the Chief Midwifery Officer (CMO) and National Clinical Director for Maternity and Women's Health. This letter outlined four specific actions that should be taken to improve support for pregnant women from BAME backgrounds during the pandemic. This was because it was recognised that the number of deaths for women and their babies from these backgrounds is significantly higher. BAME pregnant women make up more than half (56%) of pregnant women admitted to hospital with COVID-19.

To deliver these actions Derby and Derbyshire LMNS have put in place several new initiatives:

- Risk Assessments are currently being developed within Maternity Trusts to identify those women who are most at risk and ensure support is available.
- Internal trust BAME support groups have also been developed to aid the implementation as well as creating awareness amongst staff.
- Several resources have been made available on hospital websites in a range of languages to raise awareness amongst pregnant women from a BAME background that extra support and help is available to them during this uncertain coronavirus period.
- Funding has been secured to support the translation of local online Antenatal and Postnatal video into 5 Languages. Maternity Translation Cards are also in development. These are small, pocket-sized booklets with fixed images in them covering all the concerns a pregnant woman might present with, alongside the address of the local hospital. The images in the booklet can be used to communicate a concern quickly upon arrival at the hospital to facilitate a timely response.

This approach is to complement the use of interpreters. These cards can be used by anyone who needs support with communication, not just those who have limited English, e.g. women with hearing impairments, or women with learning disabilities.

- Vitamin-D testing will be introduced to blood screening for pregnant women. We know that women from these backgrounds are more likely to have a vitamin D deficiency. If we find this early, it means that we can start treatment in early pregnancy to make sure that as the pregnancy advances the Vitamin D levels are at the right level.

We recognise that we need to improve communication with BAME communities to reduce maternal inequalities (a lower experience of care) so that we can deliver safer, more personalised care. How we have done this is to work closely with voluntary and community groups in Derbyshire and to develop a directory of community and faith groups that can work directly with women who may not traditionally access our services.

Professor Cecile Wright from the University of Nottingham who is part of our task and finish group adds *“Significant ethnic inequalities in maternity outcomes persist in the UK, with Black and ethnic minority women paying with their lives for the lack of action on racial bias. The group established by Derbyshire LMNS is timely. The project exemplifies a commitment to fostering an ‘ethnic maternal health matters’ agenda. The project with its focus on identifying barriers which prevent access to high-quality care by placing Black and ethnic minority women at the heart of services has the scope to give them a real say in the way in which services are commissioned and delivered.”*

A new way of working at Chesterfield Royal Hospital – Urgent Treatment Centre (UTC)

Lots happening in urgent and emergency services right now! With not far short of 100,000 patients arriving at our Emergency Department (ED) every year, we're always looking at ways to improve the care we give and how we provide it.

Throughout the last 12-months, even with the challenges brought about by the COVID-19 pandemic, we've made some rapid changes to transform our services and how we work.

And now, in collaboration with our partners at DHU Health Care, we've started to test out another new way of looking after patients who arrive with more minor illnesses and injuries – people who might still need fairly urgent attention, but whose condition isn't a risk to their life.

Emergency Care Consultant, Dr Katherine Lendrum says: *"We're setting out to improve our patients' experience by trialling an Urgent Treatment Centre (UTC) style of care, but within our existing Emergency Department (ED). It will help to make sure that everyone is seen in the right place, first-time, by the most appropriate clinician and importantly gives us greater capacity to care for those patients with potentially life-threatening and serious conditions that require high-level emergency medicine skills and expertise."*

So if you arrive at ED's door you'll find that you're greeted by a member of staff known as a 'Clinical Navigator' who will ask you some quick screening questions, including if you have any symptoms of COVID-19. That will help them to decide where you need to book in. Within a few minutes you'll be called through for an assessment – and one of the medical or nursing team members will go through your basic medical history, taking some observations (including your temperature and blood pressure) and organising any immediate investigations you might need, like blood tests or an x-ray.

From there you could be referred to community services or discharged home with appropriate advice. If you need further care and treatment - depending on your symptoms - you will be seen within the department by a clinical practitioner or redirected to another area of the hospital for 'same-day emergency care.

DHU Health Care is one of our long-time partners – providing onsite GP services. The team has also welcomed the opportunity to support this initiative,

to share their experience of running urgent care and treatment services in other areas of the East Midlands and further afield.

Managing Director, Paul Tilson comments: *"This is a real opportunity to come together as partners and teams to try out a new way of working at Chesterfield Royal Hospital. Patients with some essentially minor, but still urgent health care needs, can be better served by immediate access to an alternative to ED. We're excited to be part of this urgent treatment pilot and to be able to share each other's knowledge and expertise for the benefit of patients and staff."*

It's an exciting time for our urgent and emergency care services, with a recent announcement that the Trust would be building a completely new Urgent and Emergency Care Department at the front of the site. Costing around £26 million, the ambitious scheme will start to be enabled over the next few weeks and months – with doors expected to open to patients at the beginning of 2023.

Over the coming month's staff, patients, the public - and other interested parties - will be able to share in the new development as it gets underway, through a series of online information events that build on previous engagement and involvement. In the meantime, you can find out more information about this exciting scheme [here](#).



New local health apps library to manage your health and wellbeing from home

Online and digital health and wellbeing services have seen a huge boom in recent years but with thousands of apps out there it can be hard to know what is trustworthy.

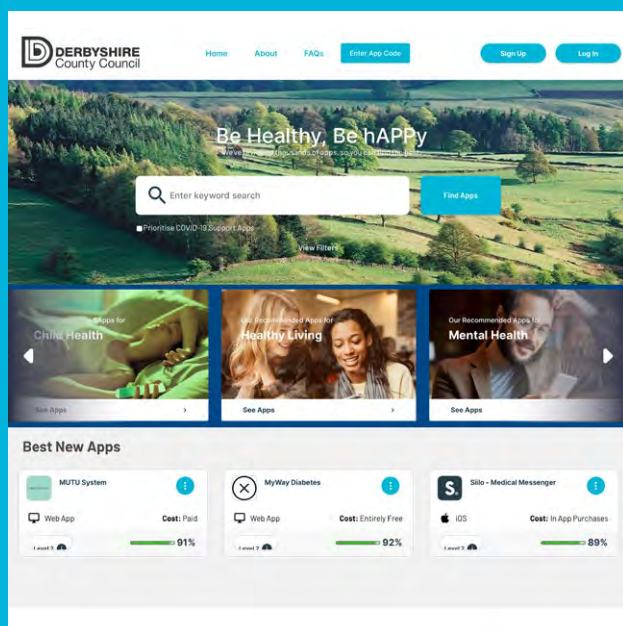
That's why Derbyshire County Council has been working in partnership with The Organisation for the Review of Care and Health Apps (ORCHA) to develop a new digital apps library.

Health and care professionals and Derbyshire residents can now search and download from 100s of quality assured health and wellbeing apps.

All of the apps on the new library have undergone rigorous checks by ORCHA to ensure that they are of the highest possible quality. All the apps have been reviewed against over 300 criteria including ease of use clinical/professional assurance and data and privacy.

Apps include help with mental wellbeing, healthy lifestyles and even long-term condition management.

Visit the new website at derbyshire.orcha.co.uk and search and compare apps for FREE.



NHS Leadership Academy Edward Jenner Programme is now open again for enrolment

The Edward Jenner programme is designed for colleagues who are new to health and care, or aspiring leader at the start of your leadership journey.



If you want to feel more able to deal with the daily challenges of working in healthcare, better equipped to care for patients, lead services and provide leadership for those around you – supporting them to do their job better – the Edward Jenner programme is for you.

The programme has been designed with health and care staff, for everyone working in a health and care context. Highly practical and patient-focused, it's a great way to understand the purpose, challenges and culture of the NHS.



It's flexible and enlightening, helping you get a fresh perspective on the impact you have on the patient experience – either directly or indirectly.

It's also a valuable refresher at any level, as well as an important first step towards moving onto the Mary Seacole programme.

The Edward Jenner programme has been redesigned to offer even more flexibility;

- Both the Launch (up to 5 hours) and Foundations (studied over 6 weeks) modules are free to access and based online
- The Edward Jenner programme leads to an NHS Leadership Academy Award in Leadership Foundations.

For further information please visit [here](#)

24/7 helpline ready to offer extra support to residents, thanks to innovative partnership working

Anyone in Derby or Derbyshire experiencing a mental health crisis can now benefit from an even broader range of support and advice by calling 111 or the county's mental health helpline, thanks to a collaboration involving the NHS, third sector organisations and the emergency services.

Local residents of any age who are struggling with their mental health can now dial 111 or the 24/7 helpline number (0800 028 0077) and benefit from telephone support not only to help them with their mental health but also to talk through practical issues that may be causing them concern. In addition, they may now be given the option of face-to-face support at a 'safe haven', where they can continue to discuss their problems in a calm, welcoming environment.

The changes have come about as the 24/7 helpline, run by Derbyshire Healthcare NHS Foundation Trust, becomes a permanent service as part of improvements being made through the Joined Up Care Derbyshire programme. The helpline team now consists of staff from the charity P3, as well as clinical staff from Derbyshire Healthcare.

The first point of contact for anyone calling the helpline is now likely to be one of P3's team of advisers, who will help callers to consider options for managing their concerns, for example by exploring self-help resources, coping skills and community-based support in their local area, and by giving practical advice about organisations that can help people with issues like housing and finance.

Working alongside the P3 team will be advisers from Derbyshire Federation for Mental Health (DFMH) who

specialise in supporting children and young people and who will ensure the helpline can provide an effective response to younger callers.

The P3 and DFMH staff will have the option to escalate a call to one of the helpline's mental health professionals where they feel this is needed. These clinically-trained staff will then explore further with the caller what additional help and support may be required. The clinical team will also continue to work closely with Derbyshire Constabulary, East Midlands Ambulance Service and the 111 service run by DHU Healthcare, providing a triage function and crisis response for individuals coming into contact with emergency services.

If colleagues on the helpline team believe that a caller would benefit from face-to-face support, they can now also arrange for them to visit a new 'safe haven' that has been opened in Derby. At the safe haven, support workers from the charity Richmond Fellowship will offer further one-to-one support and help address issues that may be affecting the individual's mental health or making them feel isolated within their community. The mental health crisis services for Derbyshire will also work closely with the safe haven.

As a result of its new, wider role, the helpline has broadened its name to the Derbyshire Mental Health Helpline and Support Service. This name was chosen by local Derbyshire residents with lived experience of mental ill-health. The helpline number remains the same – 0800 028 0077 – and it remains a 24/7 service for Derby and Derbyshire residents of all ages.



Help in a crisis



| Does this apply to you or someone you know? | Act now... | |
|--|---|---|
|  <p style="color: white;">"I've hurt myself on purpose, or put myself in danger"</p> | <p>Call 999 or go straight to A&E or an urgent care centre. Tell someone if you need help with this</p> | <p>...And think about self-care...</p>  <p>Do something that will make a difference to how you feel. Search 'Derby and Derbyshire emotional health and wellbeing' for other forms of support.</p> |
|  <p>"I'm having thoughts about hurting myself or ending my life"</p> | <p>Call NHS 111 or the Derbyshire Mental Health Helpline and Support Service on 0800 028 0077</p> | |
|  <p>"I'm feeling down or anxious"</p> | <p>Talk about it: with your GP, an IAPT talking therapies service or a helpline like Samaritans, Papyrus (for young people) or CALM (for men). Or speak to a friend</p> | |



Learn more at www.stayingsafe.net

Developed by Derbyshire Healthcare NHS Foundation Trust

Embedding strong engagement at the heart of decision-making and system transformation work within the Integrated Care System



Embedding strong engagement, at the heart of decision-making around system transformation work within the Integrated Care System (ICS) is a key enabler of change and key to building a common ambition across partners organisations, professions and geographies. An important part of this is ensuring the voices of patients, service users, communities and staff are involved and that their insights are used to inform planning and decision-making.

The decisions made within the Integrated Care System (ICS) directly affect patients and members of the public, and vice versa the decisions that patients and members of the public make about their lives also have a profound impact on their health and well-being, which subsequently influences the priorities of an Integrated Care System (ICS). The reason for this is that only 25% of our health is determined by our health care. The rest is other factors, e.g. socio-economic factors, such as our education, housing, lifestyle, employment, and individual lifestyle factors, such as what we eat, and how much exercise we do. Thus, we need to see individuals as the

'primary providers of their health and care' and support them to prevent their ill health, support them to intervene early when they do get ill and support them to manage their conditions if they become more serious.

Therefore, involving patients and members of the public in the work of the Integrated Care System is more than just a legal or moral duty, it is about supporting them to embrace the change that is critical to its very success.

Involvement is essentially about building relationships, which in turn build trust and improve participation. It's not a rigid process, it needs flexibility. The aim should always be to involve patients and the public at the highest level possible within the time and resources available, and a multi-layered approach using a variety of different involvement methods are often needed to ensure the best outcome.

Within Joined Up Care Derbyshire, we have the following methods and tools at our disposal to support our relationship building:

Citizens Panel

Our citizens' panel has approximately 1,000 members and is growing every day. The 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.

We strive to continually promote and improve on the diversity of the panel, which can be sorted in lots of different ways, including membership by GP practice, district, and area of interest. The panel was showcased at the NHS Health and Care Expo in Manchester in 2019.

You can find out how to join the panel [here](#).



System Insight Group

The group meets approximately every 6 weeks on a Thursday from 1-2.30 via Microsoft Teams. It has a very 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.

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. This group aims to try and link this insight together.

In the short term, the aim has been to gain an accurate and deep understanding of people's experiences during the covid-19 pandemic, but the structures we have put in place will have a longer-term benefit for the system.

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. Reviewing existing information can save time and money and point towards gaps in insight
- 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.

Remote access to Health and Care Report

One of the outcomes of the System Insight Group is the 'Remote access to Health and Care Report'. This report came about as it was evident that there was a large amount of insight being gathered across the system concerning remote access to health and care services due to social distancing measures being implemented and concern about infection rates. This report pulls together a large proportion of that insight into one report, summarising the key themes and consideration for decision-makers. The idea behind the report is that decision-makers will have a comprehensive starting point with regards to insight when making decisions about the recovery of services going forward, and will only need to consider conducting additional engagement if this fills a gap in insight within the report, thus avoiding consultations fatigue and duplication.

To join the System Insight Group, to request an item on the agenda, or to see a copy of the Remote Access Report contact Karen.Lloyd24@nhs.net

Patient and Public Insight Hub

One of the main aims of the System Insight Group has been to develop a solution for collecting, organising and collating insight gathered across all system partners for Derbyshire that is easily accessible and searchable by a wide variety of professionals to inform decision making. As a result, we now have a 'Patient and Public Insight Hub' set up on the NHS Futures Platform, which professionals can sign up to.

We have begun inputting public and patient insight currently available in the system and can provide

demonstrations to anyone interested to know more. The hub aims to assist decision-makers to find current insight in the system, to avoid duplication and consultation fatigue.

We will be sharing the link to the Patient and Public Insight Hub in the next issue. We expect to launch it at the end of April.

For a demonstration or to find out more contact Lee.mellor1@nhs.net



Online Engagement Platform

We have recently signed up for an Online Engagement Platform called 'Ntropy' owned by Civica. The software contains over 40 engagement, feedback and analytic tools to make it easier for us to involve our communities in the decisions being made around system transformation. The decision on which software to purchase was done with the support of colleagues from Derby and Derbyshire Clinical Commissioning Group, Healthwatch and a representative of a local Patient Participation Group. The platform aims to provide:

- A safe and interactive space for our communities to discuss and debate health and care-related issues
- Help our communities better understand, and relate to the transformations we intend to facilitate as part of the Integrated Care System through frequently asked questions (FAQ's) and News Feed
- Receive questions in a managed space and facilitate responses
- Offer quick and easy polls, so we can ask a single question and get immediate insight
- Offer communities the opportunity to voice their opinion on a number of different topics through surveys and focus groups.

“Being a Patient Participation Group Chair, I know how challenging it can be to get the voice heard of a greater number of patients than currently, their busy lives allow. The trial of the platform for use by local populations such as PPGs is, I hope, going to make it easier for more health care users to share their views on proposed changes at any time of day or night”

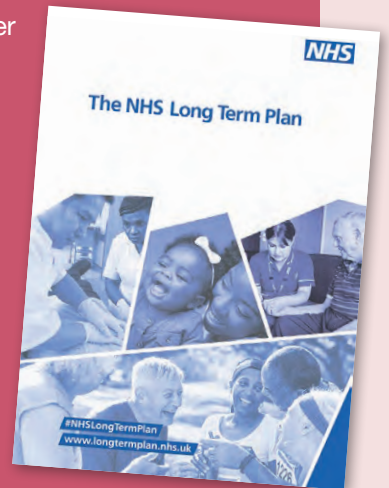
Tim Peacock PPG Chair Dronfield Medical Centre.

We will report on the development of this platform in future issues.

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 collection 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. The NHS Long-Term Plan published in January 2019 signalled the development of a



new integration index that will be “developed jointly with patient groups and the voluntary sector which will measure from patient’s, carer’s and the public’s point of view, the extent to which the local health service and its partners are genuinely providing joined-up, personalised and anticipatory care”. NHS England and Improvement (NHSE/I) is looking to develop both a national index and local indices. This means there will be measures and approaches that are relevant locally and have local ownership, alongside a metric to generate data that are comparable at a national level.

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, which is featured in the previous article ‘Planning for care closer to home’.

This work is in the early stages, and developments will be reported in future issues of the newsletter.

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 with moving their meetings to an online platform, and a forum for discussing other areas of interest and concern.

The network meets every 2 months for one hour. The agenda is determined by the members of the network. Separate sessions have been set up for members to hear about and discuss specific service changes happening within Primary Care.

You can find information about upcoming meetings [here](#).



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.

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 katy.hyde@nhs.net

"I just wanted to say how useful, interesting and educating the Derbyshire Dialogue meetings are. There are lots of people attending the meetings so you have many opinions and ideas to soak up. The addition of slides also enables you to recap on the facts and figures mentioned in the meeting. After each meeting I send a report along with the slides to our members and the comments I receive back are so positive. The success of Derbyshire Dialogue is down to the two excellent ladies, Katy and Miriam. They are both such nice people and their chairing skills are amazing. They give everyone a fair chance to make their point of view either verbally or in the chat box. Teamed up with their guests they manage to get the message across and the meetings are extremely well attended".



Black, and Minority Ethnic (BME) Partnership

We are exploring working in partnership with Derbyshire County Council 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 Derbyshire County Council 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 look at how we can broaden the conversations of the partnership to support the work of the Integrated Care System.

Voluntary, Community, Social Enterprise (VCSE) Programme

Joined Up Care Derbyshire recognise the voluntary, community and social enterprise (VCSE) sector as a key transformation, innovation, and integration partner. The sector provides a strategic voice and is critical in the delivery of integrated and personalised care. The VCSE programme 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.

A VCSE Leadership Steering Group is overseeing the work on this programme, which are about to appoint a Programme Lead. More information will be provided in the next newsletter.

For more information on any of the above areas of patient and public involvement please contact Karen Lloyd karen.loyd24@nhs.net, or you can visit the Get Involved section of our website [Get involved :: Joined Up Care Derbyshire](#)



Introducing the Macmillan Information and Support Centre App

The Macmillan Information and Support Centre Team at Chesterfield Royal Hospital's NGS Macmillan Unit have launched a new app, prompted by the continued lockdown and advice for people to stay at home, to enable cancer patients, their family, and carers to access their services without having to make a journey to see them.

It's easy to access the app which can be found in the Android and Apple app stores. You just need to search and download the Healthzone UK App, type 'crh-cancerapp' into the apps search engine and you will be able to access the information and support centre app.

The app content has sections aimed at patients, carers and professionals, and covers a wide range of topics.

Hospitals aim to restore urgent surgical capacity by end of June

Derbyshire's two largest hospitals trusts expect to return to normal levels of urgent surgical activity by the end of June, restoring crucial services which have been affected by the Covid-19 pandemic.

University Hospitals Derby and Burton NHS Foundation Trust, which runs Royal Derby Hospital, hope to be back to 80% of its pre-pandemic theatre capacity by the end of April. Chesterfield Royal Hospital expects to achieve 75%, with both hospitals at full capacity by the end of June.

The estimates are based on the Trusts' experience of restoring urgent surgery following the first wave of coronavirus. Both aim to restore less urgent surgery to pre-pandemic levels by the end of September.

The pandemic has forced staff to temporarily stop or delay some services to ensure capacity

for treating people with coronavirus and maintain clinically essential services. This has led to an increase in the number of people waiting more than 52 weeks for a range of operations, including hip and knee replacements.

The latest validated figures show just over 68,000 Derbyshire patients on waiting lists for a range of operations, including hip and knee replacements at the end of January 2021, with 8.6% of those waiting over 52 weeks. In February 2020 there was just one patient waiting over 52 weeks.

All patients have been kept under constant review to ensure that we are treating patients whose condition has deteriorated due to the longer waits.

For more information see [here](#)

Contact Joined Up Care Derbyshire

Visit the website: joinedupcarederbyshire.co.uk

Email: joinedupcarederbyshire@nhs.net

If you would like to sign-up to receive the Joined Up Care Derbyshire newsletter, please email karen.lloyd24@nhs.net