

January 2022 newsletter

Joined Up Care Derbyshire is the name for Derby and Derbyshire's Integrated Care System (ICS). This newsletter is produced bi-monthly, past editions can be found [here](#).

Happy New ICS Year!

2022 is destined to be the year that Integrated Care Systems (ICS) become fully-fledged public bodies, with a new set of legal responsibilities for improving the health and care of citizens. While Parliament reviews the finer details of the Health and Care Bill, preparations are being made in Derby and Derbyshire for the dawn of the new ICS, delivering improvements to the lives of local people.

The history of partnership and integrated care in Derby and Derbyshire is strong, with a track record of collaboration on difficult issues: most recently the Covid-19 pandemic and managing the significant pressures seen within our health and care system; some the result of coronavirus, but others longer-standing that were being tackled prior to the emergence of the new disease.

Our ICS – and the STP (Sustainability & Transformation Partnership) before it – continues to focus attention on major health requirements of our population, notably our mental health, our access to urgent and emergency care, our access to operations and the waiting lists that are associated with them, and access to primary and community care. All these areas have been heavily challenged by Covid-19, and we are developing and implementing plans to recover.

The ICS has however also focussed attention on much more than health, where we know that only 20% of any person's health can be sustained by the NHS alone, with the remaining 80% being determined by where people live, how well they are educated, and a range of other factors. Of that 80%, only a further 30% can be tackled through the existing structures of ICSs, through preventive public health and lifestyle support. The advent of the new ICSs will see more focus on tackling the remaining 50%, and will bring in further partnerships from the voluntary, community and local enterprise sector, from business, from further education and from others, to collaborate on ensuring communities are the bedrock of what we do and that all our efforts and available finances are channelled towards a healthy start in life and the best opportunities to live well. This model will help to look at the full 100% picture of health from all angles and we are actively making connections with existing and new partners to ensure this becomes a reality.

Health Behaviours 30%	Socioeconomic Factors 40%	Clinical Care 20%	Built Environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Behind the scenes, there have been two broad sets of conversations taking place as we look to launch the new ICS in 2022. Firstly, what does the governance and decision-making structure of the new system look like? This has seen us locally interpreting national guidance issued by NHS England on the minimum requirements for how we are set up. One focus is on the establishment of the new NHS Integrated Care Board, which will replace the Clinical Commissioning Group on 1 July 2022 and will be responsible for delivering NHS priorities in a collaborative way. It also involves establishing the Integrated Care Partnership, a statutory committee of all the key partners from across the system that will play a part in developing and delivering a comprehensive health improvement strategy, taking account of the full 100% of elements that contribute to a person's health as described above. This is an extension of the roles of the existing Joined Up Care Derbyshire Board and we have some local flexibility in how we will organise ourselves.

Secondly, there have been discussions about how we can build the health improvement strategy from the grassroots upwards. Our existing Place Alliances will grow into Place Partnerships under the proposed legislation, and these will continue conversations that have been taking place for several years to build on local connections and relationships to understand deeply the needs of local communities, primarily by listening to local people, service providers of all shapes and forms, and local advocates and tailoring services accordingly. Through these relationships, service delivery can be improved

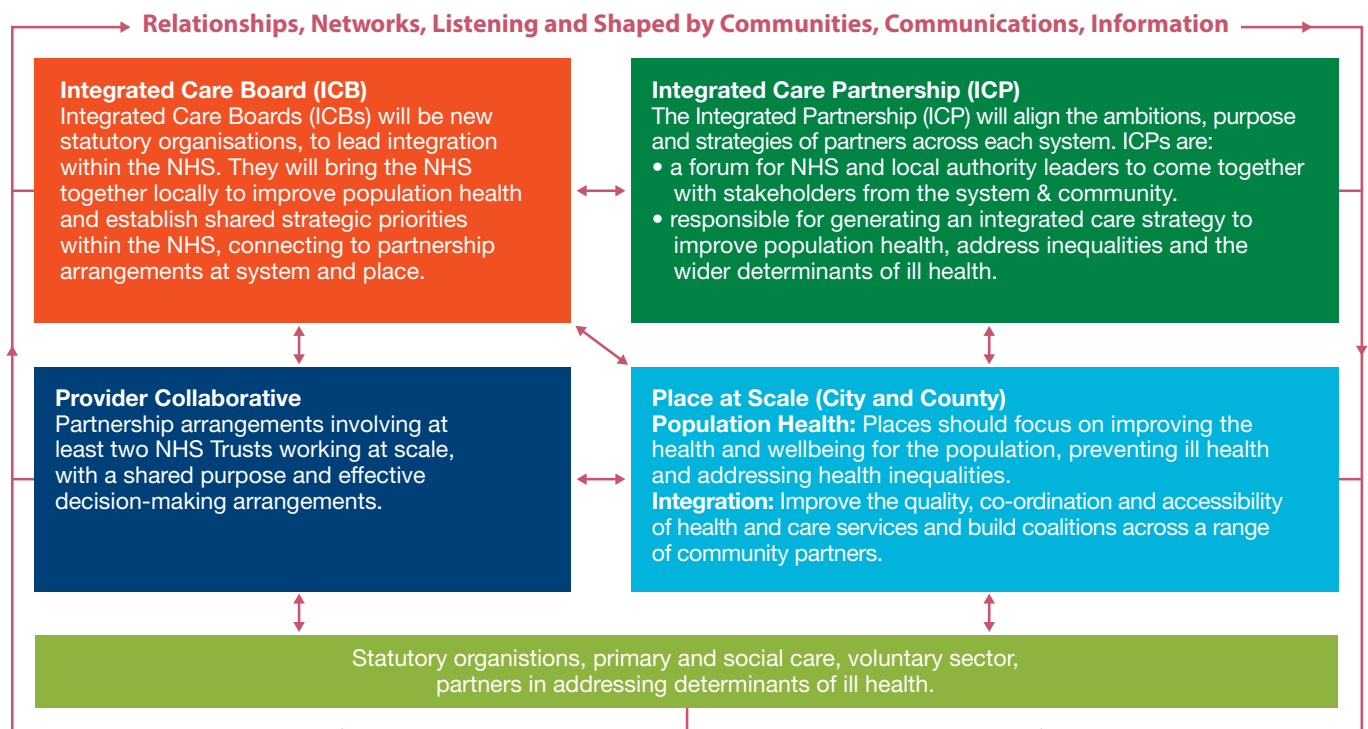
and we aim to move further away from the 'provision of treatment and care' to flourishing, happy and healthy communities, supporting local workforce development and opportunities, building community leadership and enabling communities to use their existing connections and assets to support health, social and economic development. It is here where the value of the ICS will truly be seen at work, and Place Partnerships will receive funding from the ICS to make local decisions, something that has not been possible to date.

At the other end of the spectrum, collaboration among major health service providers will bring a consistency of provision in the more clinical settings. These collaborations will be done at greater scale, where highly specialist services treat patients across a greater geographical area to benefit from the economies of scale and specialist workforce required. Many forms of this already exist, including the ambulance service, specialist stroke and heart services and major trauma centres. Further opportunities are being explored for other similar developments which provide a benefit to patient care.

Included within these developments is also the movement of the ICS boundary to incorporate Glossop following the Secretary of State's decision in July 2021. There is a broad group overseeing the safe and legal transition of contracts and services from Greater Manchester to Derbyshire, and these will continue through 2022, with the involvement of local people.

We will continue to update on progress in this newsletter and at www.joinedupcarederbyshire.co.uk

Overview of the ICS



Including Glossop in the Derbyshire Integrated Care System

At the moment, healthcare for people in Glossop is provided by the NHS in Tameside and Glossop and social care is provided by our local authorities in Derbyshire. Last summer, the government decided that Glossop healthcare services should not move into the Greater Manchester ICS but instead move to the Derby and Derbyshire ICS to enable that closer joint working. This change will happen in April 2022 and you may be wondering if it will affect you.

We know that health and social care is extremely important to people and that they are likely to have questions such as will GP arrangements change, what happens if an emergency ambulance is required and will patients still have a choice about where they receive their treatment?

The reason for making the boundary change is to improve the way health and care services are delivered through closer joint working. Over time we will be looking for service improvement opportunities but we want to assure you that where the potential to change and improve services is identified, we will involve local people in discussions from the start.

We do not propose to make any changes right now as our immediate priority is to ensure the smooth transition of healthcare services to Derbyshire. Our intentions are that from 1 April 2022, services will continue to be delivered in the same way as they are at the moment and we expect that to be the case for the next 12 months. Patient choice will always be at the forefront of the way services are provided.

In the meantime, there are four ways for you to find out more information:

1. Go to our Joined Up Care Derbyshire website [here](#) for more information and responses to frequently asked questions
2. Email our enquiries service at ddccg.enquiries@nhs.net
3. Call Healthwatch Derbyshire, your independent local health and social care champion on 01773 880786
4. Attend one of our information sessions where you can also ask questions – the first of these is between 2.00pm and 3.30pm on 27 January 2022 and you can register at <https://www.surveymonkey.co.uk/r/GlossopICS> (please note that our preference is to offer face to face sessions but these are subject to current Covid-19 guidance so the first one will be virtual).



NHS Cadets

NHS Cadets is a new scheme providing opportunities to explore roles in healthcare. It is aimed at young people who are from communities currently under-represented within the NHS and St John Ambulance.

The programme offers young people courses to develop their leadership and communication skills, health awareness sessions, and insight into volunteering in the NHS.

The initiative is targeted at young people who might not have previously considered a career in healthcare. This includes, but is not limited to, individuals from ethnic minority backgrounds, young carers, and those not in employment, education or training (NEET).

Two foundation NHS Cadets programmes are now running in Derbyshire and a further advanced programme is being lined up to begin in early 2022.

More information can be found [here](#).



**Would you
like to be an
NHS Cadet?**

It's not too late to get your first Covid-19 jab

The NHS is reminding Derby city and Derbyshire residents it's not too late to get their first Covid-19 vaccination.

We want to make sure you're protected against coronavirus this winter. Remember it's not too late to get your first Covid-19 vaccination.

The vaccine is safe and effective. It gives you the best protection against Covid-19.

The vaccine is really important if you have an existing health condition which puts you at risk of serious illness. The first Covid-19 vaccine dose is available for adults. It is also available for children aged 12 and over. The second Covid-19 vaccine dose is an important part of protecting yourself against the virus.

Here's how to get vaccinated:

There are a number of ways to get your Covid-19 vaccination including Derby's Midland House mass vaccination centre, via groups of local GPs and through community pharmacies.

Find a walk-in clinic or book an appointment at:

- [Covid-19 vaccination clinics and resources :: Joined Up Care Derbyshire](#)
- Or call **119** to book an appointment

Don't delay, arrange your appointment today. Please stay safe this winter.

Visit www.nhs.uk for the latest information.



Celebrating our vaccine programme

On December 18 2020, 101-year-old Robert Stopford-Taylor became the first person in the county to be vaccinated outside a hospital when he received his jab at Stubbley Medical Centre.

Since those earliest vaccinations, teams across Derby and Derbyshire have vaccinated nearly 800,000 people, administering nearly two million doses in locations as varied as churches, community centres, care homes, schools, GP surgeries, a theatre, a velodrome and even people's living rooms.

Derby and Derbyshire has been particularly successful in vaccinating children, consistently ranking among the top five systems in England for uptake among people under the age of 18 since school-age immunisation teams began visiting schools in September 2021.

A recent report using known hospitalisation rates showed that the vaccination programme has prevented more than 9,700 people having to be admitted to Royal Derby Hospital and kept nearly 1,400 from ending up in Intensive Care Unit (ICU).

Derby Arena was one of the most high-profile vaccinations centres in England, beginning operations in early January 2021. By the end of the month, it was the only site in England to have operated as both a local vaccination service, run by GP practices, and as a vaccination centre catering to patients from anywhere in the country.

Its success led to visits by the Prime Minister and the then Chief Executive of the NHS, Sir Simon Stevens, and it became one of several Derbyshire sites to appear in the regional, national and international media.

An initiative to vaccinate people with a history of homelessness and rough sleeping won the Lionel Massingham award from Derby City Mission for the successful collaboration between local GPs, East Midlands Ambulance Service and Derby City Council.

Community Pharmacies have also played a key role in the programme, running clinics in a variety of venues to complement those provided by the clinics run by GPs and by Derbyshire Community Health Services NHS Foundation Trust. Other agencies and organisations have also contributed significantly, particularly Derby City Council and Derbyshire County Council, as well as East Midlands Ambulance Service and DHU Healthcare.

You can read more about the success of the programme [here](#) and watch a short video which shows some of the highlights of our vaccine programme in Derbyshire over the past year.

Embedding Voluntary, Community and Social Enterprise (VCSE) Sector Partnerships in Integrated Care Systems

Integrated Care Systems (ICS) have received a whole range of guidance in the last few months aimed at supporting systems to develop effective partnership working. All the guidance can be found [here](#).

In this issue of the newsletter, we'll be summarising the [ICS implementation guidance on partnerships with the voluntary, community and social enterprise \(VCSE\) sector](#).

The ICS guidance is very clear about the importance of engaging the VCSE sector in the Integrated Care System, it states:

"The VCSE sector is a vital cornerstone of a progressive health and care system. ICSs should ensure their governance and decision-making arrangements support close working with the sector as a strategic partner in shaping, improving, and delivering services and developing and delivering plans to tackle the wider determinants of health. VCSE partnership should be embedded as an essential part of how the system operates at all levels. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans."

The guidance requires two things of Integrated Care Systems in relation to VCSE sector engagement:

- The development of a VCSE Alliance at ICS level to support engagement with the diversity of the sector
- An agreement between the Integrated Care Board (ICB) and the VCSE sector setting out how the sector will be embedded in the system.

In 2011, Sheffield Hallam University estimated that there were 5000 VCSE organisations outside Derby City employing 10,000 full time equivalent staff, (a similar number to the number of staff at the Derby Royal Hospital) and engaging a similar number of volunteers.

The VCSE sector can bring significant benefits to Derbyshire's ICS. VCSE groups come in all sizes and are active in every field imaginable. During the pandemic they have played a critical role in supporting vulnerable people within communities. Their contribution can include:

- Engaging communities of both place and interest and articulating their needs
- Providing services that are innovative, flexible, complementary, and often preventative
- Providing exceptional value for money (a 2016 report on befriending showed an investment of £800,000 generated a value of £7 million)

- Taking a holistic approach that recognises the wider determinants of ill health and tackles them.

If involved at all levels of the ICS, the VCSE sector can improve planning and priority setting, help services reach into all communities, contribute towards service design and help to keep people out of hospital and support them before expensive medical interventions are needed.

In Derbyshire, NHS England has supported a programme called "Embedding the VCSE sector in the ICS" that works with other partners to help make the most of the VCSE sector contribution. Through this programme:

- We have brought together VCSE infrastructure/ support organisations and front-line groups to form the start of a Derbyshire wide VCSE Alliance
- VCSE organisations have engaged in cross sector senior development programmes to build understanding and develop relationships
- We have been working with all parts of the developing ICS system to ensure that the VCSE sector will be engaged and represented
- We have been working with partners to explore how the VCSE sector can help the ICS engage different communities
- We are beginning to look at how investment can be best used to support the VCSE contribution. This includes social prescribing where currently resources don't follow referrals
- We are starting work on the agreement around VCSE engagement which will be produced in a format that we can check and evaluate
- We are exploring a virtual VCSE engagement platform that would help VCSE groups communicate directly with each other and with partners
- We want to tackle the barriers that sometimes get in the way of joint working such as data sharing and quality assurance
- We want to promote good practice around collaboration and partnership that will help a wider range of groups, including very small ones to engage and contribute.

It is very early days. We are working with our partners to connect activity at local and county level and enable all VCSE organisations to have the opportunity to engage with the ICS in a way that will make the most of their contribution and best impact on their service users and beneficiaries.

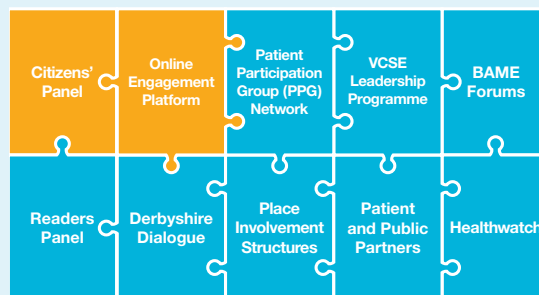
If you would like to know more about what is happening and even get involved, then please contact Wynne Garnett, Programme Lead for Embedding the VCSE sector in the ICS wynnegarnett@googlemail.com

Embedding strong engagement with people and communities

Embedding strong engagement with people and communities, at the heart of decision-making around system transformation work has always been a priority for Joined Up Care Derbyshire.

[In the last issue of our newsletter](#), we introduced our 'Continuous Engagement Framework' and said we would feature a different aspect of this framework in each issue.

This issue we will focus on our Citizens' Panel and Online Engagement Platform.



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. We strive to continually promote and improve on the diversity of the panel. The panel was showcased at the NHS Health and Care Expo in Manchester in 2019. We are currently moving our panel to a new platform, and we are looking to recruit new members. If you are interested in being part of the panel you can find out more information [here](#), and you can join up [here](#).

The citizens' panel is part of our Online Engagement Platform.



Online Engagement Platform

The aim of our online engagement platform is 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 from our communities 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.

You can take a look at the platform [here](#). The platform is still under development.

Soup and Shakes Diet helps to fight Type 2 diabetes in Derbyshire

NHS soup and shake weight-loss plans are helping people to fight Type 2 diabetes in Derbyshire, which is one of the first sites in England to pilot the initiative.

The NHS Low Calorie Diet Programme, which is being delivered in 10 areas of England, is based on two large studies which showed that, as a result of going on a specially designed programme, people living with Type 2 diabetes who were overweight could improve their diabetes control, reduce diabetes-related medication and, in some cases, put their Type 2 diabetes into remission.

Eligible individuals who undertake the year-long plan receive 'total diet replacement products', such as specially formulated low calorie shakes and soups, for the first three months as well as ongoing support and monitoring from a coach throughout. This support helps them to re-introduce real food after the initial 12-week period and implement the changes into their lives to ensure their success can be sustained beyond the programme length.

Local NHS data shows that those who have completed the first 12 weeks of the programme in Derbyshire so far have lost around 15kg on average (almost 2 and a half stone).

Since John Brittain, aged 62, from Alvaston in Derby started attending the NHS Low Calorie Diet Programme, provided by Xyla Health & Wellbeing, his life has been transformed. *"I was diagnosed with Type 2 diabetes and put on medication," says John. "I was overweight, and I had tried many other diets, but they just didn't work for me."*

"The plan lasts for a year and for the first 90 days I was on four soups or shakes a day totalling 800 calories which at first I found difficult, but a month in I felt better and the results were positive," adds John. "Twelve weeks after starting the programme I had lost nine inches off my stomach and I had lost four stone and felt wonderful. I had stopped my medication; blood pressure was normal, and my diabetes was in remission. There were no more aches and pains and my knees were not hurting any more. I became much more active and my clothes were fitting me much more correctly."

The support from the practitioners has been great. I have been doing all of the sessions online and the learning from the app. The topics covered have been good and it's great to talk to the community there about tasty healthy menus! I eat much better now, look at food and drink differently and I continue to lose weight. The programme changed my life and it can change yours."

John talks about his highly positive experience in this special video [here](#).

People living with diabetes face a significantly higher risk of dying with Covid-19, and over a fifth of people in Derbyshire who have died from Covid-19 had diabetes, according to local NHS statistics. However, better management of the condition can help improve control and lead to better outcomes.

As well as helping individuals lead happier and healthier lives, enhanced action on obesity and diabetes is also expected to save the NHS money and free up staff time. Diabetes is estimated to cost the NHS £10 billion a year, while almost one in 20 prescriptions written by GPs is for diabetes treatment.

Dr Kriss Owen, GP Lead for the Derbyshire pilot, said: *"We are delighted to be chosen as one of the pilot sites for the low-calorie diet. This is giving Derbyshire people like John the opportunity to transform their lives, reverse their Type 2 diabetes, and know how to keep the weight off long term."*

There has never been a more important time for people to lose weight and put their Type 2 diabetes into remission. So, it's good news for patients in the Midlands that practical measures like this are increasingly available on the NHS.

If you are aged 18-65, have had diabetes for less than six years and are registered with a GP practice in Derbyshire then you may be eligible to join the programme and reverse your diabetes like John did. The first step would be to book a telephone appointment with your diabetes practice nurse to discuss the best option for you."

People living with Type 2 diabetes who have been diagnosed with the condition in the last six years are being considered for the pilots. Individuals must also meet other eligibility criteria to be referred to the service to ensure the programme is right for them.

For more information about the national programme visit [here](#). For more information about Xyla Health & Wellbeing visit [here](#).



Before



After

Chesterfield Royal Hospital: Development of short stay approach to care



With pressures mounting across the NHS, a ward at Chesterfield Royal Hospital NHS Foundation Trust has been redeveloped to care for patients who can be treated and discharged on the same day.

Barnes Ward is now home to the Trust's Same Day Emergency Care Unit (SDEC) and Short Stay Unit (SSU) as part of plans to relieve pressure on the hospital and improve the Trust's acute assessment and admission avoidance.

The work, part of long term plans taking place alongside the Urgent and Emergency Care Department (UECD) build, has been carried out over the past four months.

Jamie Temlett, Head of Unplanned Care and Deputy Head of Nursing and Project Lead for the Barnes Ward development, said: *"We're really pleased to introduce this exciting and innovative development that will make a big difference to how we care for patients through our Emergency Department and across the Trust."*

"The patients who will be seen by our Same Day Emergency Care Unit and Short Stay Unit teams will be identified in the Emergency Department as part of the clinical triage process. Those patients who we are confident won't need to be admitted, who can be treated and discharged on the same day within an outpatient setting will be sent to Barnes Ward, relieving the pressure on our Emergency Department team who need to treat the more urgent cases more effectively."

"Our Same Day Emergency Care Unit and Short Stay Unit teams will also be able to take GP referrals

directly, once again bypassing our Emergency Department and Emergency Management Unit. The aim of making these exciting changes is to improve our patients experience and care. We will be reducing the number of patients needing to be admitted, relieving pressure in our Emergency Department and across the hospital, reducing waiting times and ensuring the effective discharge of all of our patients."

"We've created a purpose built environment for patients who need same day but not necessarily emergency care – it's great news but I would encourage everybody that we still need people to use the right place for their care and to contact NHS111 to find out how they can do this."

The unit opened to patients on Saturday, 11 December.

Barnes Ward will work together with the brand new, £24million Urgent and Emergency Care Development. Work on the Urgent and Emergency Care Development began earlier in 2021 and it will be situated just outside the current Emergency Department. It is expected to open in Spring/Summer 2023 and will feature designated zones to care for children and patients with mental health needs as well as provision from other health experts including therapists, voluntary, social services and improved access to diagnostic imaging services such as x-ray.

The project will also create a new, purpose built Paediatric Assessment Unit (PAU) alongside the Nightingale Unit to treat babies, children and youngsters with acute illness or injury.

Evaluation shows high satisfaction for new service supporting people experiencing delirium

Health and care leads are currently reviewing the success of the first year of the delirium pathway for residents within Derby City. Service evaluation shows the highest possible satisfaction scores of 100% ('very happy') across all domains in carer satisfaction surveys and almost 100% for clients.

The results are great news for all who have helped set up the new service in the city, which brings together Derby City Council, Derbyshire Community Health Services NHS Foundation Trust, University Hospitals of Derby and Burton NHS Foundation and other health and care service providers.

Acute delirium is a common but worrying change in a person's mental status characterised by fluctuating consciousness and confused thinking. The start of delirium is usually rapid – within hours or a few days. This can be distressing and frightening for the person and their carers.

The new delirium pathway in the city is being progressed as part of the step up/step down approach to care being advanced by Team Up Derbyshire. The pathway also links in with new work on providing urgent community response and acute home visiting services.

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. 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.

The new pathway is for Derby City residents who have a diagnosis of acute delirium and have enhanced care needs that are manageable at home/Perth House. The targeted support should either prevent someone needing to go into hospital or help them be discharged. The service is accessed through a Derby City discharge to assess referral to the Hospital to Home team or the Discharge Assessment Unit.

It was developed based on insight from an audit by Derby's London Road Community Hospital (now known as Florence Nightingale Community Hospital) that showed that many patients who were physically stable still required care, support and reassurance to overcome delirium. There is also a general understanding that patients with delirium do less well when in hospital and are more likely to end up in long-term residential care.

The service had a soft launch in March 2021, with a night service beginning in June. There has been

ongoing recruitment to the team, with a rolling induction programme. Training, led by Dr Jane Youde, has been provided to health and social care teams, both in the community and in hospital.

The one-year evaluation found:

- 19 people have been discharged from service
- 18 days average length-of-stay
- 13 people have been discharged from the service for longer than 90 days
- Nine people (69%) still reside within their home environment
- 79% of patients have remained within their own home environment on immediate discharge from the service.

Upon discharge from the service, 100% of clients and carers felt it was safe to return home and everyone felt that home was the best place for recovery.

The evaluation has also considered case reviews to see how the service has worked for specific individuals.

Despite the highly positive nature of the evaluation, a number of challenges and risks remain for the service. These are:

- Care staff recruitment, reflecting the situation nationally
- Exceptional system pressures impacting on capacity across all pathways
- Covid-19 infection prevention and control measures restricting flexibility at night where two care staff are required for every visit
- Referrals not being received in numbers expected despite the pressures in the system.

Based on the learning gained, actions that have been taken to further improve the service have included:

- Meetings between Hospital to Home, Discharge Assessment Unit, Frail Elderly Assessment Team, and Discharge Support Officers to reinforce the referral pathways
- A multi-disciplinary learning event at the hospital to increase awareness of the pathway, clarify the criteria with clinicians and increase confidence in making referrals
- Ongoing Home First recruitment, working with Derby City Council human resources to source expertise to support the recruitment drive.

Team Up
Derbyshire

Personalisation - What Matters to You?

In the [November edition](#) of our newsletter we began a conversation about personalised care which has 6 components and we talked about Personal Health Budgets.

In this issue we talk about

Shared Decision Making

Shared decision is supporting people to be as involved in decisions about their care and treatment as they want to be. It means that they are supported to:

- Understand the care, treatment, and support options available and the risks, benefits, and consequences of those options.
- Make a decision about a preferred course of action, based on evidence, good quality information and their personal preferences and circumstances.

Key to effective shared decision making is that clinicians work with people to select tests, treatments, or support packages, based on the best evidence and the person's informed preferences.

Shared decision making is relevant in any non-life-threatening situation when a health or care decision needs to be made and a range of evidence-based options (including doing nothing) are available.

Shared decision making often means that people are more likely to keep to their treatment and care plan, as they have been part of the decisions that have been made.



Research into breast cancer decisions found that there was a significant perception gap between what patients wanted and what clinicians thought they wanted. In this research 71% of clinicians believed the main priority for patients was to keep their breast, whereas this was only the priority for 7% of patients. A summary of the research can be found [here](#).

For an example of Shared Decision Making in practice please click [here](#) to listen to Peter's Journey in a short video clip.

For further information contact Jo Blackburn, Personalisation Programme Manager joblackburn1@nhs.net



Introducing the Covid-19 Digital Staff Passport for the Derbyshire Covid-19 response

When staff move temporarily between NHS organisations traditionally it results in staff, bank workers and HR teams having to repeat time consuming, yet important form filling and pre-employment checks to ensure they can provide safe care for patients. There has long been a call for some form of a 'passport' across the NHS to reduce this burden, and Covid-19 has certainly put increased pressure on finding a solution to this issue.

A new system has now been developed to address this - the Covid-19 Digital Passport. This is currently to support the Covid-19 response and the temporary movement of staff but will potentially be rolled out further for general recruitment.

The Covid-19 Digital Staff Passport provides a solid legal framework for colleagues to be temporarily deployed into other NHS organisations and streamlines and speeds up the sharing of information, allowing staff to move promptly and with ease. Individuals will hold their own verified record (issued by their current employer) in what is called a 'credential' on their smartphone via a secure app. This information can then be transferred securely by the staff member through their own smartphone, putting them in control.

Basic personal details about the staff member issued on a passport includes name, date of birth, national insurance number, basic details relating to employment checks, professional registration details as applicable, basic details regarding current employment,

and occupational health clearance, including any restrictions or reasonable adjustments required for the staff member. At this point in time, it does not include training information.

The use of this passport is voluntary for individuals and organisations however the use is to be encouraged to facilitate efficiency and effectiveness of staff deployment.

When moving staff temporarily, the Covid-19 Digital Staff Passport enables an NHS organisation to:

- Reduce administrative activity
- Eliminates the need to request or respond to employment check data requests when releasing or receiving staff temporarily
- Speed up the onboarding process for HR teams and staff
- Delivers rapid, safe and secure staff movement to respond to clinical need, reducing agency spend and improving patient care.

Where organisations are part of a 'Clinical Network', the passport also enables the movement of network staff to work across several organisations to deliver either planned or emergency clinical care.

For more information, please visit the [Covid-19 Digital Staff Passport website](#). There are videos, case studies and so much more to help both employees and staff to understand the benefits of this new app and digital platform.

NHS
COVID-19 Digital Staff Passport

Search

Home For Employers For Staff Registered Organisations Help and Support About Passporting Contact Us

An interim COVID-19 Digital Staff Passport is now in **beta testing** to enable safe staff movements between NHS organisations

Support the temporary movement of staff for COVID-19 response and the recovery of services.

What is the NHS Covid-19 digital staff passport

Watch on YouTube

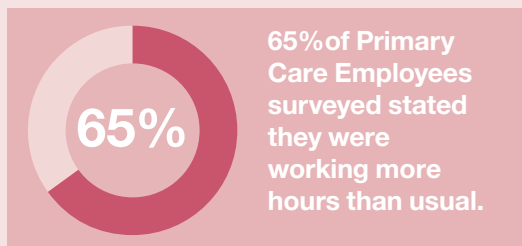
Looking after the wellbeing of our primary care staff

This has never been more important, with 1 in 3 NHS staff reporting feeling unwell due to work-related stress.

The General Practice Task Force (GPTF) Derbyshire has been awarded a 9-month health and wellbeing pilot by NHS England to support all primary care colleagues with their wellbeing. This brings all 4 corners of primary care together to champion this work, i.e., general practice, dentistry, optometry, and pharmacy.

To find out what support was needed GPTF launched a primary care employee wellbeing survey in October. The team are now using the results to implement and standardise wellbeing support available in primary care.

One of the key aims of the project will be to support the ambitions of the [NHS People Plan 2020-21](#) which encourages all NHS organisations to roll out a network of wellbeing guardians, and wellbeing champions.



More information about these roles, and resources available to support primary care staff with their wellbeing, can be found [here](#).

Next steps:

- Ongoing promotion of where and how to access [local](#) and [national](#) offers of support for wellbeing
- Details on and support for implementing wellbeing guardian and wellbeing champion roles within primary care
- Wellbeing webinars and resources to support personal resilience
- Opportunity for Health Improvement Advisors to speak at training and development sessions to enhance employee wellbeing
- Advice and support for line managers on how to embed wellbeing conversations

For more information contact the General Practice Task Force on ddlmc.gptf@nhs.net 01332 210008

526
Days Lost



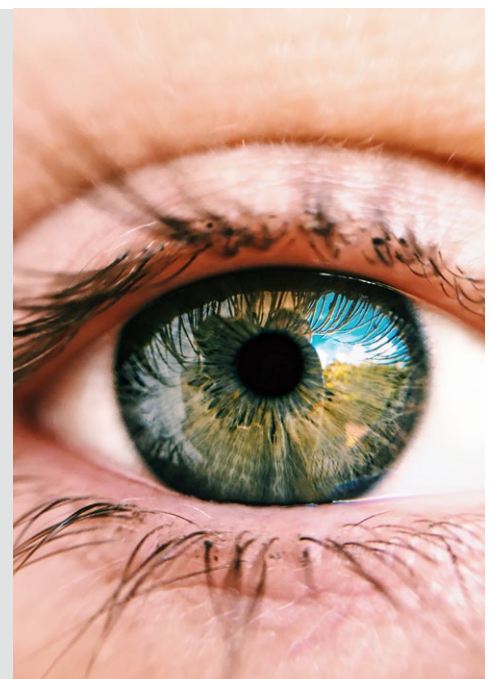
Over the last 12 months 526 days have been lost to Primary Care due to wellbeing-related absenteeism (385 Clinical Days & 141 Management / Administration / Clerical days)

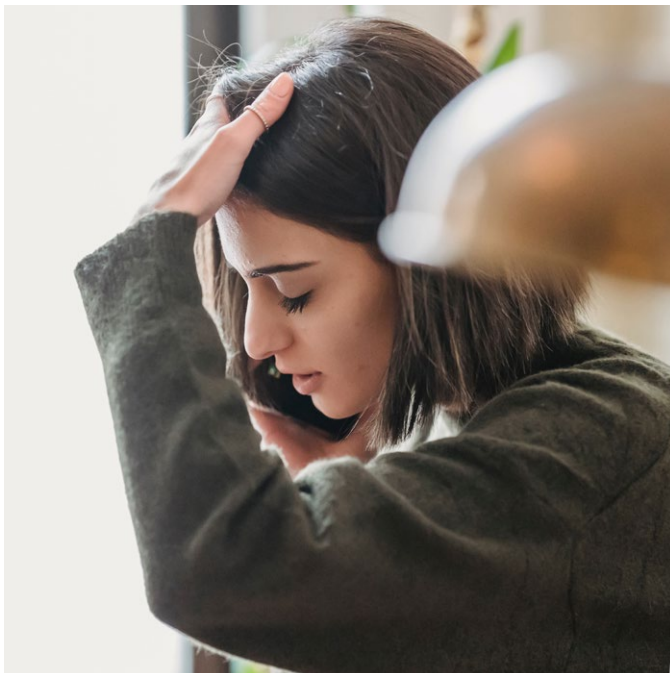
A guide to help you take care of your eyes

Our eyes are one of the most fascinating and complex parts of the body, second only to the brain in terms of complexity. Eyes can process 36,000 pieces of information in a single hour and in an average life, your eyes will see 24 million different images. We rely on them every day, yet we don't give them much thought until something goes wrong and our vision is affected. To help you take better care of your eyes, Joined Up Care Derbyshire have produced a self-care guide which enables you to calculate your eye health and find out more about:

- How to prevent eye conditions
- Where to get help if you do have an eye condition
- Common types of eye conditions

The self-care guide is available [here](#).





Urgent Care Services

Urgent Care is for an illness or injury that requires urgent attention but is not a life-threatening situation.

If you have an urgent care need, in the first instance contact NHS 111 either by phone, [online](https://111.nhs.uk) or via the NHS App. You will be asked a series of question and directed to the right place to treat your illness or injury. This will ensure you don't have a wasted journey. NHS 111 can make you an appointment with a GP or an Urgent Treatment Centre.

If English isn't your first or preferred language you can still use the NHS 111 service. Phone NHS 111 tell the call handler that you need an interpreter and tell them the name of your preferred language. You can find out more information [here](#), including information in different languages for you to share with family, friends, colleagues, and networks.

If you are deaf you can:

- go to the 111.nhs.uk website (for people aged 5 and over only)
- use the NHS 111 British Sign Language (BSL) interpreter service at signvideo.co.uk/nhs111/
- call 18001 111 on a textphone or use Typetalk

Urgent Treatment Centres

Derbyshire and Derby residents have access to five Urgent Treatment Centres (known as UTCs) which can treat a whole range of urgent but not life-threatening illnesses and injuries for which people seek same-day care.

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

A new NHS 111 service for Derby and Derbyshire residents is helping you get the right urgent care for your needs.

All our Urgent Treatment Centres can treat everything from broken bones to cuts and infections, sprain and strains, insect bites, lacerations and burns, rashes, wound infections and much more.

Gary saved the goal but hit the post.

Janice didn't burn dinner - just her finger!

Urgent Treatment Centre appointments are available via NHS 111.

You can find them at:

- Apply Community Hospital, DE5 3HE
- Derby Community Hospital, DE1 2BQ
- Buxton Hospital, SK17 9NJ
- Whitworth Hospital, Darley Dale, DE4 2JD
- Derby Urgent Treatment Centre, Entrance C, Osmaston Road, Derby, DE1 2GD.

The Urgent Treatment Centres are at the following locations:

- Ilkeston Community Hospital, DE7 8LN
- Ripley Community Hospital, DE5 3HE
- Buxton Hospital, SK17 9NJ
- Whitworth Hospital, Darley Dale, DE4 2JD
- Derby Urgent Treatment Centre, Entrance C, Osmaston Road, Derby, DE1 2GD.

They are open 8am – 8pm. We are currently asking patients to make a booking for our UTCs by first calling NHS 111.

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

- Minor open wound/cuts
- Burns and irritants
- Pains and swellings
- Sprains
- Infections

Emergency Departments situated at Royal Derby Hospital and Chesterfield Royal Hospital are only for life threatening illnesses or accidents which require immediate, intensive treatment.

What are your thoughts about Urgent Treatment Centres?

In Derby and Derbyshire, like many other areas across the country, we are in the process of reviewing our Urgent Treatment Centres to determine if any changes are needed to the way we currently provide urgent care. Part of this review will be to start a discussion with members of the public to find out more about:

- People's understanding of urgent care services
- Why and how people use and access urgent care services
- What is most important for people when accessing Urgent Treatment Centres?
- What are people's experience of attending Urgent Treatment Centres?
- People's understanding of self-care; for example, the things people can do to protect their health and manage minor illness and injury, and where to go to get support with this.

To help us start this discussion we have put together a short survey which is available for people to complete until the end of February 2022. You can find the survey [here](#).



We will also be holding a number of focus groups to give people the opportunity to find out more information about the review, ask questions, and share their thoughts and feelings on this topic.

Dates and times for the focus groups are yet to be arranged, but you can express an interest in attending a focus group by contacting Hannah using the email address below.

These focus groups will take place online over Microsoft Teams. Support can be provided for anyone who is unfamiliar with how to use this platform.

We would like to be able to visit groups meeting in local communities during February, to have the discussions face to face, but this will be dependent on government guidance to combat the spread of Covid-19. If you would like us to visit your community group, please get in touch and we will let you know if this is possible, and if not, we can discuss how we ensure your voice is heard.

For more information, to give email feedback, express an interest in attending one of the focus groups, a hard copy of the survey, or to suggest a community group we can visit, please contact Hannah Morton via email: hannah.morton10@nhs.net

You can keep updated on the Urgent Treatment Centre Review, ask questions, and find out about opportunities to get involved [here](#)

Changes to mental health services for older people

On 1st December a consultation was launched on Mental Health Services for Older People. This consultation is asking local people to share their views on proposals to relocate two services for older people with mental health conditions to new facilities in the county.

The proposal is that services move from Pleasley Ward at the Hartington Unit in Chesterfield, to Walton Hospital in Chesterfield and Ward 1 at London Road Community Hospital Derby to Tissington House at Kingsway Hospital in Derby.

Information can be found [here](#) which includes a link to an online survey and other ways to feedback.

It is important for people to have an opportunity to feedback on these proposals and your support in sharing this opportunity would be most appreciated.

The consultation will run from 1 December 2021 – 1 February 2022.

If you have any questions you can contact ddccg.enquiries@nhs.net



Patient and Public Insight Library

Joined Up Care Derbyshire have developed a system to collect, organise and collate insight gathered across all system partners in Derbyshire, called the Patient and Public Insight Library. It is easily accessible and searchable by a wide variety of professionals and can be found on the NHS Futures Platform.

The hub 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 FutureNHS Collab 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.

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 lee.mellor1@nhs.net or leni.robson2@nhs.net

Brush up on your English and Maths skills

In social care, you need certain skills and improving these will improve your career prospects, increase your confidence, and help you in your daily jobs.

These skills include:

- **Communication:** with your patients, clients, and colleagues in writing up assessments, maintaining records and logs
- **Measuring:** giving prescribed medication to patients in the different required measurements
- **Money:** doing a weekly grocery shop for a domiciliary patient recording the total amount spent and the change required
- **Time:** maintaining an accurate time log and estimating how long tasks and journeys will take.

Functional Skills in English and Maths are nationally

recognised qualifications, where adults of any ability (without a recognised qualification) can join and gain their qualifications for free.

There are two options:

- A 15-week course with online lessons. Each class will be 2 hours long over Microsoft Teams
- An intensive week of classes in person with an exam at the end

Which option is best for you will need to be discussed with the course organiser.

You will be supported on your journey by one of our Maths and English tutors.

For more information contact

DHCFT.Joinedupcareers@nhs.net

Mary Seacole Leadership Programme

Mary Seacole is an ongoing leadership programme available to anyone working in Derbyshire. The programme is for staff in their first 'formal' position of leadership with responsibilities for people and services. The programme is six months long with 100 hours of online study, plus three full-day behavioural workshops currently delivered virtually.

The programme aims to provide the balance between learning leadership theory and putting it into practice. Designed for those looking to move into their first formal leadership role, or those new to first time leadership, it empowers people to turn their individual success into consistent team success and to champion compassionate patient and client care.

Our first 2 cohorts of the programme have been very successful.

- 14 started cohort 1, and all completed and passed the programme. Three finished with a 'Good Pass'.
- 20 started cohort 2, and 16 completed and passed the programme. 50% finished with a 'Good Pass'.

These excellent results show the hard work and dedication of our staff from all over Derbyshire including the Health Trusts, Derby and Derbyshire Clinical Commissioning Group, Primary Care, Derbyshire County Council and DHU Health Care. It's been a really challenging year for everyone, and we are proud of our first cohorts and all they have achieved.

Cohorts 3 and 4 have just completed and submitted their final assignments and will find out their results in the New Year. Cohorts 5 and 6 are currently in progress and we have a waiting list for future cohorts which we intend to start in the new year.

New cohorts will run throughout 2022. If you would like to be put on the waiting list or would like more information, please contact:

crhft.joinedupcarederbyshireod@nhs.net



Derbyshire Hard of Hearing Service

Hearing Help UK provide the Derbyshire Hard of Hearing Service on behalf of Derbyshire County Council Adult Care and NHS Derby and Derbyshire Clinical Commissioning Group. We are a Derbyshire based registered charity that was established over 30 years ago, and based in Marehay, Ripley we are ideally located to operate efficiently throughout the County.



The Derbyshire Hard of Hearing Service is available to adults aged 18 and over, who live within the districts of Amber Valley, Chesterfield, Derbyshire Dales, Erewash, High Peak, North East Derbyshire and South Derbyshire.

We offer and conduct assessments for the provision of assistive hearing equipment such as TV listeners, personal listeners, doorbells, alarm clocks, and induction hearing loops, to enable Derbyshire residents with hearing loss, to enjoy the highest quality of life possible.

Hearing Help UK bring this service to you! We have a wonderful team of professional, dedicated, friendly staff and volunteers who use a person-centred approach to help you with your individual queries and needs. Our outreach staff attend markets and other events throughout the County where we are available for a friendly chat. For upcoming dates and times please contact our office on 01773 570976 or follow our social media pages on Facebook and Twitter.

We also help with all aspects of hearing impairment for individuals, their families, friends and carers by providing friendly practical advice and guidance, advocacy, peer support and social activities. We offer outreach services and volunteering opportunities and signpost to other relevant organisations.

Tel: 01773 570 976 Email: info@hearinghelpuk.uk Website: click [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

If you would like to know how you can get involved [click here](#).

