

September 2021 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](#).

Chair-Designate Confirmed for the Derbyshire Integrated Care Board



John MacDonald has been confirmed as Chair-Designate for the Derbyshire Integrated Care Board when it takes on statutory responsibilities as anticipated from April 2022.

Mr MacDonald lives in Ashbourne and has worked in and with the NHS in board-level roles for more than 25 years. He has been the independent chair of Joined Up Care Derbyshire since 2019.

Mr MacDonald said: *"I am delighted to have been confirmed as Chair-Designate for the Derbyshire Integrated Care Board when it takes on statutory responsibilities from April 2022. Joined Up Care Derbyshire has an established track record of very strong system working across health and care, with a clear vision to support our residents to live longer, healthier lives."*

"The work to date in setting out our service transformation priorities, in delivering a response to the pandemic, in recovering those services which were affected back in 2020 and in working with an increasingly wider set of partners to root out and tackle inequality and variation in people's life outcomes has been built on solid foundations. It will be a great pleasure to help to steer the system in the further delivery of our goals."

Executive Lead for Joined Up Care Derbyshire, Chris Clayton, said: *"We welcome the certainty that this announcement brings and look forward to continuing to work with John and other colleagues to make integrated care a reality for the communities we serve and improving care for the people of Derby and Derbyshire. The next stage of this process will be the confirmation of ICB lead designates, with this process expected to conclude by the end of September."*

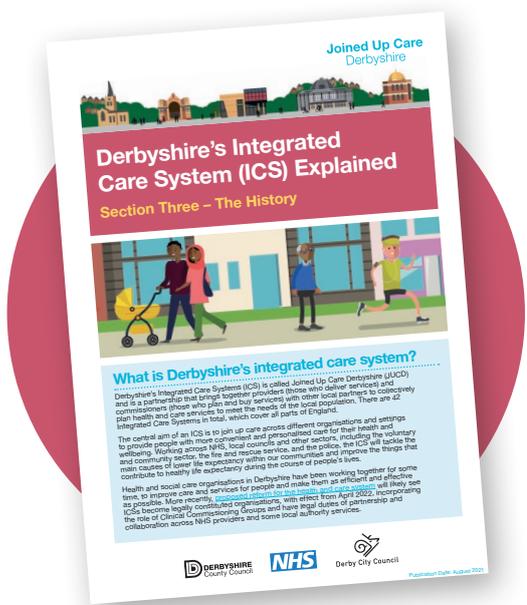
Chair-Designate Confirmed for the Derbyshire Integrated Care Board (continued)

Mr MacDonald's confirmation follows the Second Reading of the Health and Care Bill on Wednesday 14 July 2021. The Bill contains a series of measures which would formally establish Integrated Care Systems (ICSs) and give their governing bodies – including an NHS Integrated Care Board (ICB) – a broader range of responsibilities, empowering them to better join up health and care, improve population health and reduce health inequalities.

While it is not possible to pre-empt the decisions of Parliament, the Bill received a positive vote at Second Reading. This means there is a degree of confidence that the measures relating to ICSs will become law. In turn, that means the NHS locally, regionally and nationally has a responsibility to prepare for when those measures are expected to come into effect, which is currently April 2022.

A key element of this preparation is confirming who would be expected to take up senior roles for each NHS Integrated Care Board (ICB), starting with the Chair-Designates.

Following a robust process, NHS England and NHS Improvement have recommended, and the Secretary of State has agreed, that Mr MacDonald should be NHS ICB Chair-Designate for Derby and Derbyshire, ready to take up the post from April 2022 should Parliament confirm the current plans.



More About Our ICS

We have published guides which provide more detail about what an ICS is and how it works. [ICS Explained Section One](#) sets out the vision and aims of the system; [ICS Explained Section Two](#) talks about the process for establishing our ICS, focussing on the building blocks that we think will help us achieve the vision.

There is now a [third update](#) which covers the history of Joined Up Care Derbyshire, aiming to bring our partners and citizens in Derbyshire up to date with progress and achievements so far as we continue our journey.

You can comment on plans for the Integrated Care System as outlined in these 3 guides [here](#).

NHS 111

You can access urgent healthcare advice fast here:

111.nhs.uk

NHS 111 online is also available through the NHS App

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, burns, rashes, minor eye infections, tooth pain, ear infections, sore throats, insect bites and more.

They offer a range of services including: X-rays, blood tests, and more.

They are open 24 hours a day, 7 days a week.

They are staffed by qualified healthcare professionals.

Gary saved the goal but hit the post.

He's a footballer, but he's not a doctor. Gary is a professional footballer who's been playing for years. He's a professional footballer who's been playing for years. He's a professional footballer who's been playing for years.

Urgent Treatment Centres

OPEN

Some open every day

You can find them at:

- Family Centres
- GP Practices
- Health Centres
- Pharmacies
- Urgent Treatment Centres
- Urgent Response Centres
- Urgent Treatment Centres
- Urgent Treatment Centres

If you need medical help, you can find it at an Urgent Treatment Centre. **THINK NHS 111 first.**

2 | Joined Up Care Derbyshire | September 2021 newsletter

ICS Boundary to include Glossop

Earlier this year, the Department of Health and Social Care (DHSC) asked NHS England to set out options for boundary alignment in Integrated Care Systems (ICS) in specific geographies where upper-tier local authorities currently have to work across more than one ICS footprint and to assess the impact of changes to deliver alignment in each case. Over the last 6 months NHS England has worked with stakeholders to develop advice and analysis for each of the affected areas to inform the Secretary of State for Health and Social Care's decision. This work has now concluded, with advice provided to the Secretary of State for Health and Social care. A final decision has been taken for the six areas in scope, one of which was Glossop, Derbyshire.



Since the initial request, NHS England asked NHS Derby and Derbyshire CCG to engage with local stakeholders to seek views on the proposal to move Glossop from the Greater Manchester ICS into the Derbyshire ICS boundary. Glossop is geographically already part of Derbyshire, with local authority service provided by Derbyshire County Council and High Peak Borough Council but has been part of the

Manchester NHS system via Tameside and Glossop CCG. The CCG submitted its engagement report to NHSE in June 2021. DHSC has also engaged at ministerial level with parliamentarians as well as national organisations such as NHS Providers and the Local Government Association to ensure their views were reflected in the final advice to the Secretary of State and they had an opportunity to feed into the development of this work.

The Secretary of State for Health and Social Care's decision process has involved careful consideration of a wide range of issues, perspectives, and interests and a careful weighing up of risks and benefits, outlined in the analysis provided by NHS England for each area. These have been considered on a case-by-case basis for each area. Where NHS England has made a recommendation based on broad (not universal) local consensus, including a recommendation to retain the status quo, the Secretary of State has listened and has accepted these recommendations. Where there was not a broad local consensus within this review, no recommendations were made by NHS England and a balanced judgement was taken by the Secretary of

State, weighing up the risks and benefits of a change in boundaries and having regard to his legal duties including his public sector equalities duty.

The decision has been taken to amend the ICS boundary so that Glossop will move from the Greater Manchester ICS into the Derbyshire ICS. The Secretary of State has outlined that there was no local consensus in this area and while the historic partnership and strong relationships developed in Tameside and Glossop were noted, the decision was taken based on a consideration that the benefits of coterminous boundaries outweighed the challenges. The benefits of the decision are that alignment enables more opportunities for joined-up working with the local authority and the creation of joined-up plans for prevention and population health to improve provision for local people as well as greater alignment between community, mental health and ambulance service provision which provide a county-wide service. It is important to stress that this decision will not impact any individual patient's right to choose or use services outside of their ICS, nor do ICS changes mean any local services to patients and residents will change. It will also be important that all parties work together in the region to implement this change in a way that retains the learning and relationships developed as part of Greater Manchester ICS and incorporates all mitigations required to ensure a smooth transition. NHS England has made an employment commitment for colleagues impacted by the legislative changes. The HR framework developed by NHS England will also provide guidance on the process to follow for CCGs affected by boundary changes to ensure the appropriate transfer of people in line with this employment commitment. This guidance is designed for leaders and HR colleagues and can be found [here](#).

Dr Chris Clayton, Executive Lead for Joined Up Care Derbyshire, said: *"We welcome that the Secretary of State has taken a decision on this matter. One of the key lessons of the Covid-19 pandemic is the need to join up care across the NHS, local government, voluntary and community organisations right across the country. The Secretary of State's decision brings much needed certainty and clarity for systems, allowing them to get on with delivering for patients, their families and the public. "I would like to reassure the public and our colleagues that work in health and care services in Glossop that this will not affect their use and access to key services, such as those in our specialist hospitals, but will allow us over time to develop more integrated care services between the NHS, Local Authority and other partners."*

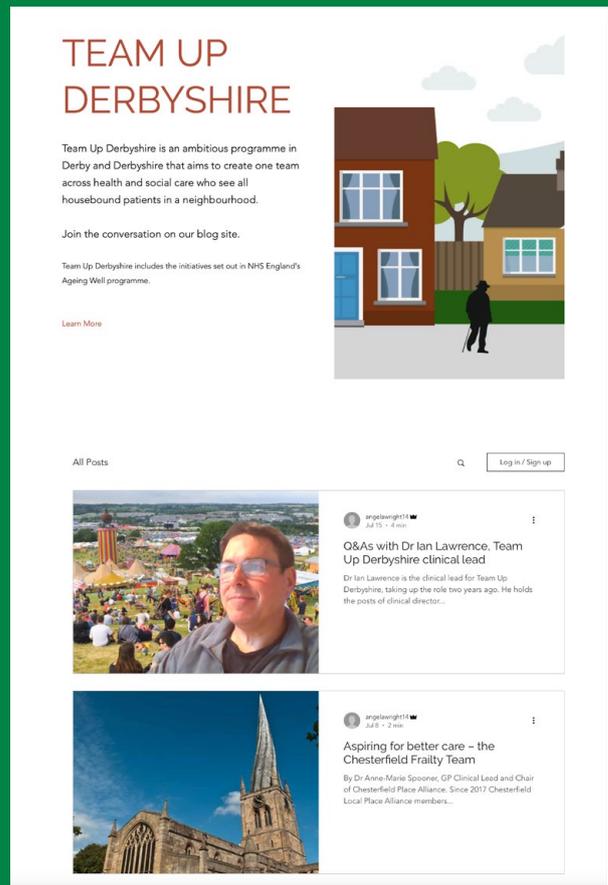
New blog site for Team Up Derbyshire

A new blog site has been launched for Team Up Derbyshire, the programme that is set to transform the way health and care services are provided to housebound patients across the city and county.

The blog site [here](#) is being developed all the time and will host a mix of features and case studies including interviews with key personnel involved in the work. Initial blog posts include coverage of Derby Home First, the Chesterfield Frailty Team, and Q&As with Dr Ian Lawrence, clinical lead for Team Up Derbyshire.

The blog will provide content that complements news and information about Team Up Derbyshire on the [Joined Up Care Derbyshire website](#).

Team Up Derbyshire 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. Team Up Derbyshire will include new approaches to providing a home visiting service and community urgent response for housebound patients.



Points make prizes for hard-working staff

Fourteen colleagues across partner organisations of Joined Up Care Derbyshire have been presented with awards which will allow them to take a much-needed, relaxing break.

The Avios Group, in partnership with British Airways Executive Club, launched a campaign in 2020 donating Avios points to NHS staff in recognition of their incredible work during the Covid-19 pandemic.

The campaign raised millions of Avios points nationally to allow hundreds of NHS staff to take a break or enjoy some time out in a way that's meaningful to them.

Joined Up Care Derbyshire was delighted to distribute 14 awards to colleagues across the system. Winners were selected by nomination or raffle, depending on the method opted for by each partner organisation.

Our dedicated staff have proved themselves to be true healthcare heroes throughout the demands of Covid-19 and our congratulations go to colleagues who have picked up the prizes.

Joined Up Careers Derbyshire

Partnership Working to Deliver Community Care – Lessons Learned and Future Work

This article highlights the complex nature of the on-going multi-agency work that is required following the opening of support beds in the community.

This piece of work involves the discharge of Derby & Derbyshire patients from an acute hospital to a Community Support Bed (CSB) – also known as discharge Pathway 2a (P2a) beds. It mainly relates to services that support people with complex, ongoing needs, many of whom are living with frailty who may need additional support once the acute phase of their care is over to help them recover. CSBs are based within care homes and provide people with rehab to support their return back home with (where necessary) a package of care to support them so that they are well enough to stay at home. Patients can also access the CSBs from the community as a ‘step up’ service.

Ten new beds were opened at the Ada Belfield Care Home in Belper from the end of September 2020. When the beds were first opened there were many operational issues to resolve, and a working group was established. Staff from the CCG’s Integrated Community Place Team (Emma Plummer and Richard Murrell) became involved with this work as it was acknowledged that the support of the CCG at the locality (Amber Valley Place) level would be beneficial.

Once processes had been established and the services were up and running the group continued as a forum for partners involved in this care to report on what has gone well as well as to identify issues and work together to solve problems, to ensure that communication is good, and that care continues to be integrated. Whilst initially set up around the beds in Belper the links have now been established to include two other Derbyshire County Council homes with CSBs; Florence Shipley Care Home in Heanor and more recently Oaklands Care Home in Swadlincote.

Health and care professionals (supported / facilitated by the CCG team) meet for an hour every 2-3 weeks. This is currently virtually on MS Teams. The meetings involve colleagues from:

- Acute Discharge and Integration Teams – primarily Royal Derby Hospital, although Chesterfield Royal Hospital have previously attended.
- The three care homes providing the CSBs.
- GP clinical support – from local Practices, and Advanced Nurse Practitioner (ANP) cover where necessary (ANPs are DCHS staff).

- DCHS staff providing therapy and rehab.
- Derbyshire County Council overseeing Hospital Services, Care Homes & Homecare (Prevention and Personalisation) – at the countywide level and locality level.
- Data Teams in DCHS and DCC, supported by North of England Commissioning Support Unit.
- CCG’s Patient Experience Team – carrying out interviews with patients and their families to evaluate their journey through this support.

There have been many successes over the past 10 months, especially with regard to partner ownership of the work, a trusted space to bring issues forward and a genuine appetite for all partners to resolve issues together (often on the day). Where things are identified for improvement – such as issues around timings of discharge/admission and medication – the group works together to find solutions. The group also links into other, more strategic, forums so that it can escalate issues that cannot be solved locally to be resolved at a system level. To help with the work going forward, the CCG’s Patient Experience Team will be interviewing patients to gather their experiences and feed that in to help to improve the service.

The group is continuing to meet and be a forum for open support, challenge and joint problem solving. While the work takes time and commitment from all partners, it is acknowledged by all that it is improving working relationships – and improving patient care and experience.

For more information, please contact Richard Murrell in the Integrated Community Place Team:

richard.murrell@nhs.net



Let's talk about Place Partnerships

How should the NHS, Councils, and communities work better together to improve health, care and wellbeing for individuals? This is the question being asked by Derbyshire Place Partnership Subcommittee.

The aim of Place Partnerships within Derbyshire and Derby's Integrated Care System is to improve the health and wellbeing of local populations and make best use of resources.

To do this they will be building relationships with a wide range of stakeholders in local communities to create a shared vision and common purpose for Place Partnerships which aims to:

- **Ensure that services work together to understand the full needs of an individual and their wider health and wellbeing goals, talk to one another, and share responsibility for delivering the care needed**
- **Ensure the right environment is in place for people to stay healthy, improve their wellbeing, prevent ill health and live longer, healthier and happier lives.**

There are already some great examples of working together and focusing on what is important to people alongside meeting immediate health and social care needs and the transition work aims to build on these.

For example, in Derby City, residents have access to Local Area Co-ordination (LAC). Derby City Council initiated the LAC programme because of their belief that many of the solutions to people leading a better, more independent life, lay within communities rather than services. By helping unlock the strengths and assets of the individuals, families, and neighbourhoods within communities they could support better outcomes for everyone.

The outcome of this work is highlighted here through George's story:

George

George is in his late 80s and has not left his home for many years. He is socially isolated but retains a good relationship with his daughter and grandchildren. His daughter does his shopping for him online but is unable to visit frequently; his only regular companion is his dog.

George was neglecting himself; his home was dirty and he was not attending medical appointments, including for important specialist health checks. There were concerns for George's welfare, but he refused to engage with social workers or other services. There were also concerns for the welfare of his dog.

Due to his isolation, George was drinking heavily throughout the week and would often have chest pains leading to him calling for an ambulance. His mobility was also poor, causing him to fall frequently. On one occasion, he was unable to get up and was stuck on the floor until a neighbour heard his calls for help. His falls also resulted in calls for an ambulance and being admitted to hospital.

Through his GP Surgery, George was introduced to Local Area Co-ordination. His LAC took time to get to know George and slowly a trusting relationship developed.

George would describe himself as a proud and independent man with priorities to:



- maintain independence
- make new friends to help with his loneliness
- get advice to help manage his health and wellbeing
- get help to attend his appointments.

George and his LAC got to work on his priorities. The first thing that they did was to tackle his problem with falls by arranging to get some help with de-cluttering and cleaning to help to reduce the risk of tripping. They also contacted Carelink, to get George a telecare system, so that he had someone to contact in an emergency – this reduced the need to call for an ambulance and gave his daughter re-assurance that her father was getting the help that he needed. His LAC also connected him with the Fire Service who made some changes to his home to reduce the risk of fire.

George (continued)

His LAC then introduced George to groups at his local community centre and his local community café. He was delighted to get out of the house and to start to make some new friends – he was becoming connected with his local community. Through these connections, he met a good friend named Jim. Jim had a car and was happy to help George get to his medical appointments.

George also met other people with shared interests, who took him to meetings of local hobby groups, as he was keen on traditional handicrafts. He got to know more people this way, such as Albert, who was happy to go to the local shops for him, and Geoff who helped him with his garden. At the local community centre, he met Sarah, Sarah had a genuine love of animals and was happy to take George's dog for a regular walk – this helped to remove the welfare concerns about his daily companion.

George was very grateful for his new friends and the support that he was receiving; he wanted to give something back to his local community. With support from his LAC, he set up a regular social activity to help local people to meet-up and to raise funds for charity.

Following his introduction to Local Area Co-ordination, George is connected to his local community and is no longer lonely. He is no longer drinking heavily, and his home has been de-cluttered; because of this and the introduction of Carelink, his calls for ambulances and hospital attendance have decreased. He has community support to help him manage and maintain an independent life in his home, he can attend his medical appointments and there are no longer concerns for the welfare of George (or his dog).

Without the LAC service the outcome may have been very different for George.

Place Partnerships want to ensure that services work together to understand the full needs of an individual and their wider health and wellbeing goals, talk to one another, and share responsibility for delivering the care needed.

How do you think they should do this?

You can comment on George's story and share your views [here](#).

George became known to the Local Area Co-ordination Service when his needs were already quite concerning.

How do we intervene earlier to ensure the right environment is in place for people to stay healthy, improve their wellbeing, prevent ill health and have longer, happier, and healthier lives?

Below is David's journey into running which enrobed his whole family, changed their attitude to life and provided a coping mechanism and confidence for his son Travis, who has autism.

David

Six years ago, David from Bolsover claimed he'd never be a runner. But after a fascinating journey he's just started a fresh chapter as leader of the newest Jog Derbyshire kids on the block, Castle Striders.

David's journey into running has enrobed his whole family, changing their attitude to life and providing a coping mechanism and confidence for his son Travis, who has autism.

Back in 2015, having recently had their youngest child, Sebastian, now six, David started looking at opportunities for losing weight. Despite being an active child, a career in management had turned his lifestyle more sedentary.

David started his journey by getting back into cycling, starting with a three-mile route round Bolsover and building up to further distances. When his wife and sons started doing parkrun, it took David some time to come round to the idea of running, but after doing his first parkrun, and experiencing the inclusive nature of it, he soon caught the running bug with the rest of his family.

The biggest change was in David's son, Travis.

Travis had difficulties at infant school, as he hadn't been diagnosed as autistic. He was never violent towards people but was violent towards things and would often pull the classroom to pieces.

David (continued)

Getting Travis into running gave him an outlet and improved his confidence, resulting in massive changes to his life. His whole persona started to change. He's now deputy head boy at school, it looks like he's going to come out as a grade A student and he's looking at Oxford and Cambridge Universities.

David has put this all down to the control he has over his emotions through running. This has also impacted on the family, as he's now a lot calmer and able to cope with things better. In the past Travis would sometimes lose it and be throwing things around in his room. But if you meet him today you wouldn't think he was a child that did that and that's all because of running. It gives him an outlet for his aggression.

Running has become an engrained part of life for the Senior family. They compete against each other, factor it into their holidays and are even out at Christmas and New Year parkruns. David's passion for instilling a love of running in others led him to start up Jog Derbyshire group Castle Striders in Bolsover.

David wanted to pass on the positive feelings he got from running and has now gone past the point of just wanting to lose weight and is starting to enjoy it which is what he wants to pass on to members in the group. Just a few weeks in and David's dream became a reality, with an enthusiastic group of people enjoying being a part of the club.



David's family continues to be a big part of the group with his two sons and his wife acting as co-leaders.

Place Partnerships want to create the right environment for people to feel able to look after themselves and participate in healthy behaviours, such as that of David's family. Healthy behaviours are actions individuals take that lead to improved health and wellbeing. Such as eating well, being physically active, reducing alcohol intake, or stopping smoking.

How might this be achieved and what might be the barriers?

You can comment on David's story and share your views [here](#).

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.

We have begun inputting public and patient insight currently available in the system and will continue to do so.

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 [click here](#). 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.

If you have any questions, or have relevant insight for inclusion on the library please contact Lee.mellor1@nhs.net

Digital Inclusion Checklist

The Joined Up Care Derbyshire System Insight Group has produced a Digital Inclusion Checklist.

This was born out of the 'Remote Access to Health and Care Report' produced late last year. 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 'Digital Inclusion Checklist' takes this report one step further by providing a tool that providers can use to ensure that consideration is given to the needs of all patients and service users when promoting remote channels and services. The checklist has been included in the 'Joined Up Care Derbyshire Digital & Data Strategy'. A key component of the digital strategy is ensuring all our citizens are fully empowered to utilise digital health and care services. More on their approach will be included in future additions of the newsletter, but part of the approach is to embed the 'Digital Inclusion Checklist' in the design, implementation, and rollout of future citizen-facing digital services.

If you would like a copy of the checklist, please contact Karen.lloyd24@nhs.net

System Insight Group

The group meets approximately every 6 – 8 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.

Securely sharing your health and care records to improve your care

The Derbyshire Shared Care Record (DSCR) is a safe way to keep all of your electronic health and social care information securely in one place. This makes it easier and quicker for staff such as GPs, nurses and social workers to access important information about you and provide you with the best possible care. Your information will remain confidential and secure as required by the General Data Protection Regulation (GDPR) and Data Protection Act 2018. Records will only be shared with health and care professionals who need it to provide treatment, care and support to you.

The GDPR means we can lawfully process your personal information without your consent, but there is an option to opt out if you choose to. You can find out more by visiting the Derbyshire Shared Care Record website. We've developed a host of materials to explain the background and benefits of the DSCR, as well as how you can opt out if you choose to. All of this is available at: www.joinedupcarederbyshire.co.uk/shared-care-records



Online Engagement Platform

The Joined Up Care Derbyshire Public and Patient Engagement Platform is now live. 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 platform aims to provide:

- A safe and interactive space for our communities to discuss and debate all manner of 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
- 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.

You can access the platform at:

<https://derbyshireinvolvement.co.uk/>

We still have a lot of work to do to achieve the full ambitions of the platform. We are taking a staged approach due to it being a new system, capacity to provide support, and the ambitious nature of the project. This first step is considered a 'soft-launch' ahead of adding other projects to the Patient and Public Hub that will be more widely promoted once people have had a chance to interact with the projects currently featured.

This system is for all our partners to use, and the intention is to eventually have three interactive 'hubs':

- Patient and Public Hub - where provider/ commissioner engagements around changes/ transformations to services can be placed
- Staff Hub – accessible only to staff to collate staff feedback
- VCSE Hub – this will link into the VCSE Leadership Programme (more information on this programme can be found [here](#)).

Please take a look and join in the initial conversations that feature on the platform. These will be constantly changing, and more engagement opportunities will be added to the system. A form for people wishing to submit projects to feature on the platform has been submitted to those that expressed an interest following the [stakeholder system demo](#).

You can register to the system and get periodic updates of new projects and engagement activities that have been added or just follow a specific project by navigating to the conversation and clicking follow.

If you would like more information about the platform, to suggest a project for inclusion, or would like to feedback on your experience of using the platform, please contact lee.mellor1@nhs.net, or karen.lloyd24@nhs.net



What is the Quality Conversations programme?

Joined Up Care Derbyshire is supporting this interactive digital programme which is free and available to all staff across Derbyshire in primary care, community services, acute care, social care and voluntary services.

A 'Quality Conversation' is a well-established, person-centred approach to conversations and interactions with citizens. The essence of the Quality Conversations programme is to teach enhanced listening and conversations skills by providing evidence-based health coaching and communication training to staff across all professions.

In addition to focusing on the strengths of citizens, it aims to improve understanding of the impact of health inequalities. Staff are guided to have conversations with citizens that engages individuals in their own care, by helping them see things from a different perspective and supporting them to use their own skills and resources to achieve their self-identified health and wellbeing goals. Evidence shows that when staff and citizens work together towards shared goals patient satisfaction with services increases, and health and wellbeing outcomes improve.

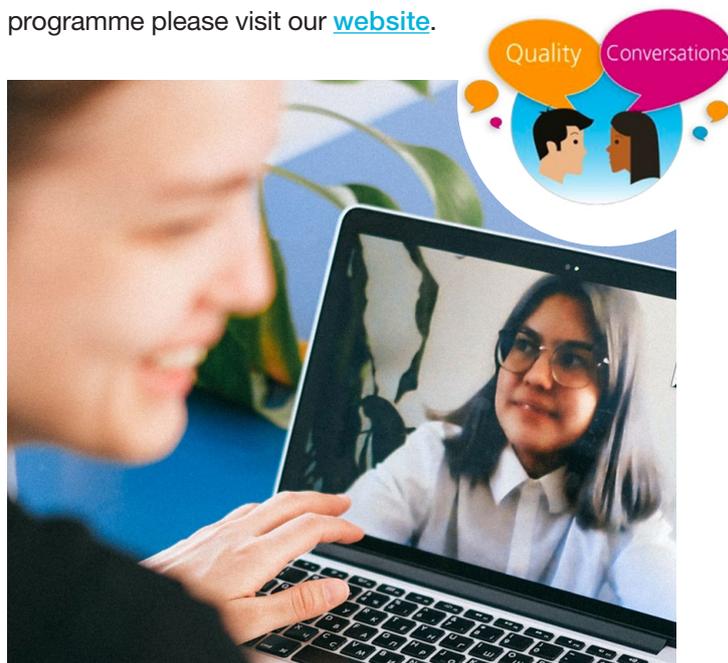
By making this training available to all staff across the Derbyshire system, we aim to break down barriers between organisations and foster collective approaches to improved communication. Moreover, the skills learned are applicable to all areas of life, not just work-based interactions.

A significant number of staff (N = 682) have already engaged with the training on offer, and outcomes have been overwhelmingly positive, 99.8% of participants would recommend the training to a colleague.

In the coming months we plan to:

- Increase take-up of the programme within all system partners,
- Embed existing learning into everyday practice
- Explore the development of an e-learning package to improve access to the programme, and develop tailored offers, including bite-sized learning via brief webinars and podcasts
- Explore the development of a support pack to enable 'in team' Quality Conversation peer support sessions
- Embed Quality Conversations into induction and preceptorship programmes.

To find out more and get involved in the programme please visit our [website](#).



Patient and Public Partners

We have started to develop a new role within Joined Up Care Derbyshire, that of Patient and Public Partner.

Patient and public participation is an essential part of the work of Joined Up Care Derbyshire. We want to build strong and supportive relationships with patients, members of the public, and our communities, and we have outlined a number of different methods for doing this in previous issues of the newsletter.

Patient and Public Partners is a new initiative which has been started by our Planned Care Board and its associated workstreams.

The term 'Patient and Public Partners' includes

patients, service users, carers and families and the general public.

Support, an induction and out of pocket expenses is available to successful candidates.

If you would like to apply for the latest vacancies, please go to our 'get involved' page on the Joined Up Care Derbyshire website [here](#). There you will find the section on Patient and Public Partners.

If you are interested in the role you are asked to submit a short expression of interest. Please don't let this put you off. If you have any questions, please contact the Head of Engagement Karen.lloyd24@nhs.net

Understanding integration - how to listen to and learn from people and communities

Integrated care aims to improve people's outcomes and experiences of care by bringing services together around people and communities. This means addressing the fragmentation of services and lack of co-ordination people often experience by providing person-centred, joined-up care.

Those best-placed to understand what they need, what is working and what could be improved are the people using the services. Their lived experience is a powerful tool to improve existing services and identify new and better ways to meet people's needs.

Currently, people's experiences of health and care services are usually collected and understood at the level of individual providers. This means we know about people's experiences of individual services such as general practice, hospitals, or social care, but not about whether these services are working well together to meet people's needs.

As integrated care systems (ICSs) and place-based partnerships develop it will be essential for all local partners, including ICS staff, NHS provider organisations, local authorities and the voluntary, community and social enterprise (VCSE) sector, to come together to develop a better understanding of how patients and users experience integrated care. This is key to improving population health and developing services that meet the needs of the people and communities they serve.

The Kings Fund have developed a useful guide which provides practical steps to help embed this way of working into system working. You can find it [here](#).

Joined Up Care Derbyshire have been working closely with the Kings Fund to develop this way of working in Derbyshire, and some of our work features in the guide.

We are currently trying to develop an 'Integration Measure' linked to the work of Place Partnerships, which we feature on page 6 of this newsletter. For more information contact Karen.lloyd24@nhs.net Head of Engagement for Joined Up Care Derbyshire.



Contact Joined Up Care Derbyshire

Visit the website: joinedupcarederbyshire.co.uk

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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](#).

