

Team Up Derbyshire

Monthly bulletin of Team Up Derbyshire, incorporating updates from the Ageing Well Steering Group



This is the sixth bulletin from Team Up Derbyshire, bringing together news from the programme and updates from the Ageing Well Steering Group. 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 - for more information, visit the [Joined Up Care Derbyshire website](#).

Erewash PCN advances its Team Up proposals

The Team Up implementation plan of Erewash Primary Care Network (PCN) has been given the green light, following approval from the Ageing Well Steering Group and the Team Up Learning in Practice (TULiP) group. A review panel congratulated Erewash PCN on a 'well thought through plan', acknowledging that work in this area had begun in advance of many other PCNs in Derbyshire. Services being provided within the plan include acute home visiting (by DHU), community GP (by Derbyshire Community Health Services) and a care at home frailty service (by DCHS).

Helping respond to falls in Derby

An Ageing Well underspend of £¼ million in Derby City is to be spent on developing a falls recovery pilot. It is intended that the pilot will help progress the falls response element of urgent community response in the city, working closely with the home visiting service. Funds will go towards technology such as alarm sensors and detectors and the monitoring and response service.

Update on home visiting services

An acute home visiting service aims to provide person-centred care, timely assessment and support for vulnerable people, with visits being provided by a range of different professionals. Based on April's data, a total of 62% of the Joined Up Care Derbyshire integrated care system (ICS) now has home visiting coverage (ARCH, Chesterfield, Derby City, and Erewash PCNs). 26% of the area has services pending (Belper, Derbyshire Dales, North East Derbyshire, North Hardwick and Bolsover, and Swadlincote PCNs). 12% of the ICS is awaiting plans for the development of a home visiting service (High Peak and Buxton, and South Hardwick PCNs).

Measuring the Team Up impact

Team Up Data Curator Liz Lawrence has been progressing an approach as to how best to gather data that demonstrates the Team Up impact. In the latest update to the Ageing Well Steering Group, Liz set out how data/indicators from home visiting services could inform our general Ageing Well reporting and the information required for workstreams. Priority areas for data gathering include A&E attendances from care homes, A&E attendances by frailty, conveyances by frailty and age, and falls in care homes, ideally with a breakdown of figures for each PCN.

Getting on the front foot in providing proactive care

A Derbyshire primary care network (PCN) is taking the first steps in delivering a more proactive approach to care. Arch PCN (covering Alfreton, Ripley, Crich and Heanor) has appointed an elderly care liaison officer, Cheryl Stanley, pictured right, to visit people in their own homes to take a more holistic assessment of an individual's health and care needs.

Cheryl, a former healthcare assistant, began her visits in May 2022 and will be taking referrals from across the nine GP practices in the three neighbourhood areas. Cheryl, who is working 30 hours per week in this new role, says: *"GPs and nurses simply do not have the time sometimes to spend with people to listen and understand all of their health and wellbeing needs. I think that I am therefore in a privileged position to sit down with someone in their own home and build up a rapport with them... so I can fully understand what a person needs to help them feel safe and as independent as possible."*



To read more about this new role, please visit the Team Up Derbyshire [blog](#).

Further information

For further information about Team Up Derbyshire and Ageing Well, please contact:

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- Team Up Derbyshire [website](#) and Team Up Derbyshire [blog](#)