Joined Up Care Derbyshire (JUCD)

People and Communities Strategic Approach - Theory of Change

A theory of change is a representation or description of why a certain way of doing things can be effective in helping us achieve a desired goal or impact. It is recommended to involve a variety of stakeholders in the development of this model. We have involved staff, beneficiaries, funders, partners, experts, and other relevant stakeholders. This Theory of Change should be:

- **credible** – based on previous experience and insight from our different stakeholders and relevant research
- **achievable** – we have the necessary resources to carry out it out
- **supported** – stakeholders have been and continue to be involved in defining and agreeing it
- **testable** – a complete but not over-complicated description of our work and its outcomes, with prioritised outcomes for measurement and indicators to collect data against them.

The journey so far:

The JUCD People and Communities Strategic Approach to Engagement 2022-23 is supported by five key frameworks which are the drivers in ensuring a systematic, effective approach. One of these, is the Evaluation Framework which highlights the importance for us to continually examine our public involvement practice and the impact this has on our work with people and communities.

The development of the evaluation framework presented us with a golden opportunity to co-produce and co-design an approach to how we evaluate and quality assure our work with people and communities.

We held an evaluation event in the summer of 2023 which was an opportunity for colleagues across the system, inlcuding people using services in Derby and Derbyshire ,Voluntary and Community and Social Enterprise (VCSE) partners, system-wide lay representatives and other stakeholders to comes together to help co-design our approach. We held discussions around:

1. The importance of ensuring the voices of patients, carers and communities are sought out listened to and utilised.
2. The ultimate goal of engaging people and communities.
3. Importance of how people are involved in the work of the Integrated Care System.
4. Key elements of success.

The feedback from the event has all been used to inform this Theory of Change.

We will now work with a smaller group to share the Theory of Change, and check that it fully reflects the feedback, further refine it, and finalise it.

GOAL

People in Derby and Derbyshire have a better quality of life for as long as possible. Health outcomes are improved and health inequalities are reduced.

OUTCOMES

- People and communities have trust and confidence in the ICS to provide the health and care they need when they need it.
- People feel empowered to take action to promote good health and wellbeing in their communities.
- People and communities will seek out ways to voice their views because they know they can genuinely influence decision making.
- People have a positive experience of using health and care services.
- There is a culture of continuous listening, learning and taking action together.

There is an established and on-going equal relationship with people and communities which is recognised as a 'must have' with resources in place to make it happen.

Assets of all ICS partners, networks and relationships are learned from and built upon.

People and communities are listened to and valued with evidence of community led action

The ICS is accountable to people and communities and has a full understanding of what is important to them through effective two way communication channels

The voice and lived experiences of people and communities is at the heart of Place and decision making in the ICS. Community led insight is valued across the system.

The ICS core focus is on what matters to people and communities and resources community led insight as integral to the delivery of high-quality services and equitable health outcomes.

OUTPUTS

- Services are commissioned and improved in places and ways that are useful and effective for patients
- Services are coproduced with people who have lived experience and with those that represent their interests such as Healthwatch and voluntary, community, faith and social enterprise organisations.
- People and communities are listened to, recognised and respected as experts in their own needs
- Better understanding of the changing circumstances of people and communities
- Regular reports are made and shared demonstrating evidence of progress against this theory of change.

People see the impact of their involvement as services are shaped to fit their need.

Wider determinants of health are appreciated and understood, responsbility for good health and care is shared between patients and practitioners

People and communities have the confidence, skills and opportunity to engage and influence the ICS.

Services are inclusive, equitable and fully aligned to peoples needs.

The ICS celebrates the value of people and communities as equal partners and invests in training and learning.

ACTIVITIES

- Ideas are developed and improved through continuous, on-going dialogue with people and communities.
- Taking extra time to connect with those who are marginalised and easy to ignore.
- Structured accessible and creative engagement opportunities and methods to inform change through ideas and innovations based on experience.
- Community led insight and feedback is systematically and continuously sought and used
- A steering group of people with lived experience and key staff lead and shape this to ensure co-production throughout

Priorities are explored and identified

Community assets provide a starting point with barriers and challenges preventing coproduction being understood and addressed.

Diverse perspectives are sought by reaching in to communities to provide a full picture

By listening we know what doesn't work and what needs to be different

To recognise the benefits of what is achieved through engagement and see what has changed for the better.

INPUTS

- To provide leadership for the relationships between people, communities and the ICS.
- The voices of those who are less likely to speak up are prioritised, heard and represented.
- Clear and accessible public information is provided about vision, plans and progress.
- Peoples views and experiences are fed seamlessly in to decision making to improve services
- To provide a proactive and developmental approach to monitoring progress.

- Evaluation Framework
- Governance Framework
- Insight Framework
- Engagement Framework
- Coproduction Framework

So that...

- To achieve meaningful relationships with the community, build trust and develop and share the importance of an accurate and deep understanding of community experiences, needs, ideas and ambitions.
- So that change can be led by the community. Exploring what people want to talk about, change and influence, and understanding how they want to do this.
- So that accurate and deep community led insights can be shared
- So that community led insights can shape solutions and services.
- To address health inequalities and improve health services and outcomes by translating community led insight into action.

ENABLERS

- Making a difference together
- Connecting people, communities and the ICS
- Building a picture of community needs, experiences and ambitions
- Enabling social action
- Understanding power