

# Public Document Pack

**ICS People and Communities Strategy (Pages 1 - 48)**

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# Joined Up Care Derbyshire

## People and Communities Strategic Approach to Engagement 2022-23

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Agenda Item 7



## Covering Slide –

- The following slides reflect Joined Up Care Derbyshire's (JUCD) strategic approach to engaging with People and Communities.
- This approach builds on the existing JUCD Communications and Engagement Strategy, responds to nationally-stated principles for engaging with local people and communities and is the product of collaboration among JUCD partners.
- The strategic approach has been submitted in its current iteration as part of the establishment of the Derby and Derbyshire Integrated Care Board.
- The strategic approach is an evolving document.
- It continues to be developed through discussion with local stakeholders and will exist as a 'live' document.
- The presentation to Board will highlight a handful of the slides for discussion.

# What is Derbyshire's integrated care system?

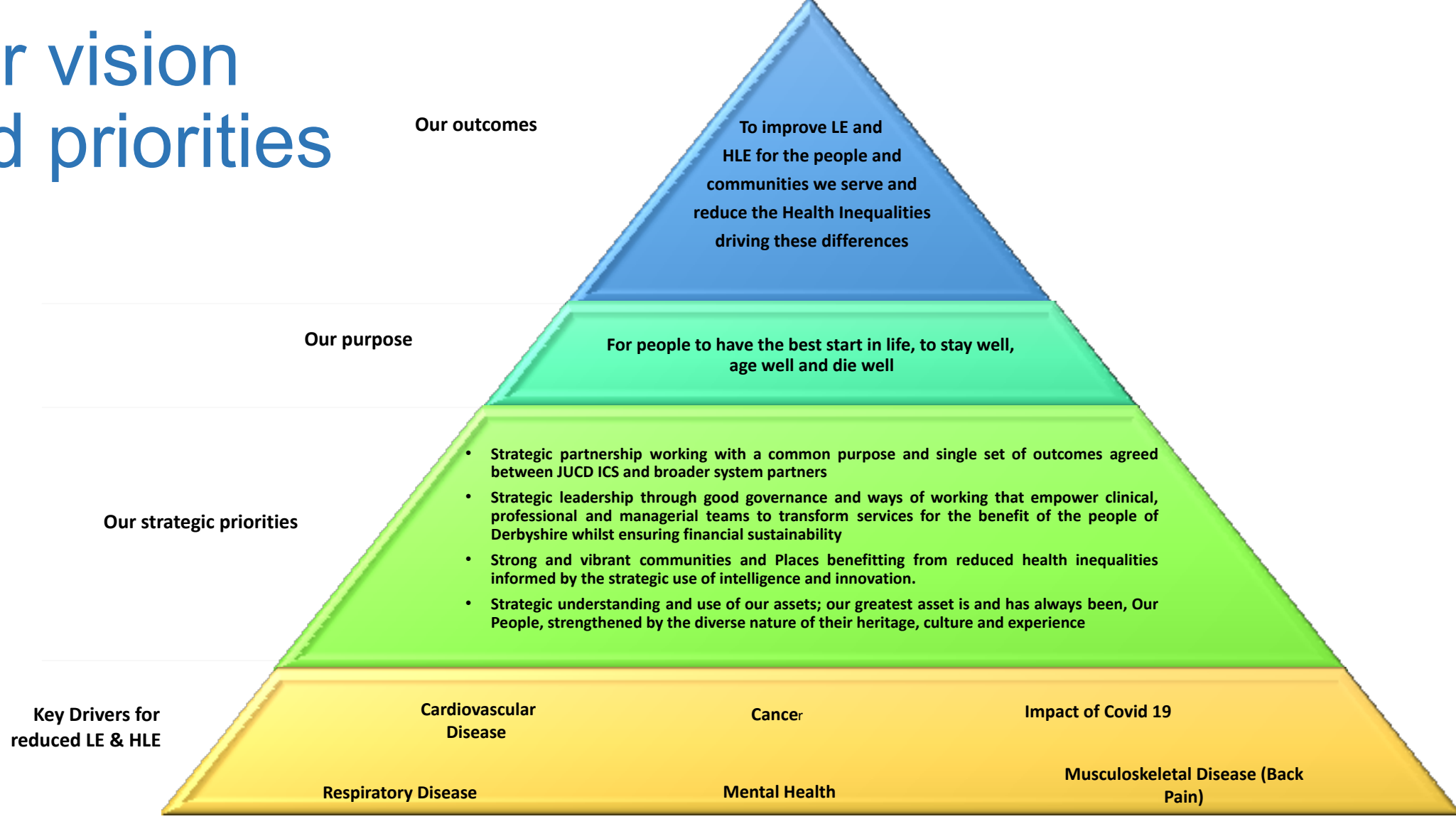
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Derbyshire's Integrated Care Systems (ICS) is called Joined Up Care Derbyshire (JUCD) and is a partnership that brings together providers (those who deliver services) and commissioners (those who plan and buy services) with other local partners to collectively plan health and care services to meet the needs of the local population. There are 42 Integrated Care Systems in total, which cover all parts of England.

The central aim of an ICS is to join up care across different organisations and settings to provide people with more convenient and personalised care for their health and wellbeing. Working across the NHS, local councils and other sectors, including the voluntary and community sector, the fire and rescue service, and the police, the ICS will tackle the main causes of lower life expectancy within our communities and improve the things that contribute to healthy life expectancy during the course of people's lives.

# Our vision and priorities

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## Underpinned by our JUCD Quadruple Aim...



# People and Communities

## Strategic Approach to Engagement

### Introduction

Gathering insight from our diverse population about their experiences of care, their views and suggestions for improvement and their wider needs in order to ensure equality of access, and quality of life is a key component of an effective and high performing Integrated Care System (ICS) in Derbyshire.

These insights, and the diverse thinking of people and communities will be essential to enabling JUCD to tackle health inequalities and the other challenges faced by our health and care system.

The new Health and Care Bill 2021 which establishes a legislative framework that supports collaboration rather than competition will create a statutory ICS arrangement, and bring fresh opportunities to strengthen our work with people and communities, building on existing relationships, networks and activities.

### Purpose and aim of this strategic approach

The purpose of this document is to outline JUCD's strategic approach to engagement with people and communities, including key principles and frameworks that will underpin our ways of working. It sets out how we listen consistently to, and collectively act on, the experience and aspirations of local people and communities within JUCD. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

Our strategic approach to the involvement of people and communities builds upon our existing Joined Up Care Derbyshire Communications and Engagement Strategy April 2021-March 2023.

### Our Ambition

- ❖ To embed our work with people and communities at the heart of planning, priority setting and decision-making to drive system transformation work, ensuring the voices of patients, service users, communities and staff are sought out, listened to, and utilised resulting in better health and care outcomes for our population.
- ❖ To recognise that relationship building is important to increase trust and improve involvement and needs to be considered on a planned, systematic, and continuous basis, with the required investment of time.
- ❖ To ensure our continuous engagement that reflects this new relationship with the public, capitalises on those emotional connections and brings people and communities into the discussion rather than talks to them about the decision.

# Our Principles

## Underpinning effective engagement with People and Communities

These principles are mapped against various frameworks through this strategy

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- 1.** Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS
- 2.** Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions
- 3.** Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect
- 4.** Build relationships with excluded groups, especially those affected by inequalities
- 5.** Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners
- 6.** Provide clear and accessible public information about vision, plans and progress, to build understanding and trust
- 7.** Use community development approaches that empower people and communities, making connections to social action
- 8.** Use co-production, insight, and engagement to achieve accountable health and care services
- 9.** Co-produce and redesign services and tackle system priorities in partnership with people and communities
- 10.** Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places



# System Wide Approach to Engagement

## *One Derby & Derbyshire Population*

It is essential for both reasons of alignment and good practice, but also to ensure that the population's views and experiences are sought and responded to in a systematic way that reflects their priorities, that there is a system wide approach to public involvement.

Moreover, this approach is led by the desire to develop a culture within our system that promotes decisions underpinned by patient and public insight at all times.

To support this approach we have developed a number of different frameworks, with the express aim of:

- ❖ Collecting, understanding and acting on insight within the system.
- ❖ Promoting buy in from system partners to use insight in decision making.
- ❖ Reducing over-surveying and consultation fatigue of local residents.

- ❖ Supporting collaboration between organisations around gathering insight.
- ❖ Moving away from seeing residents as patients, service users, or communities, depending on which organisational perspective you hold, and see them as people who need to be put at the heart of decision making across the system, as despite having multiple public sector partners, we have **one Derby and Derbyshire population**.
- ❖ Support the use of a variety of methods for gathering insight, moving from an over reliance on surveys to methods that nurture and use existing relationships.

# Our Frameworks

## Driving effective engagement with people and communities

In order to ensure a systematic approach, our engagement with people and communities is supported by several frameworks. These frameworks are in different stages of development and co-production with system partners.

Governance Framework	This framework is absolutely critical to the success of all our frameworks providing the necessary interface between people and communities and the ICS, allowing insight to feed into the system, to influence decision making.
Insight Framework	The Insight Framework looks at how we identify and make better use of insight that is already available in local communities to inform the work of the ICS. All components of this framework have been, or are currently being co-produced with a wide range of system partners, through the System Insight Group, and VCSE Alliance.
Engagement Framework	This is the most developed of our frameworks and outlines a range of methods and tools available to all our system partners to support involvement of people and communities in transformational work.
Co-production Framework	This framework will embed, support and champion co-production in the culture, behaviour, and relationships of the ICS, including senior leadership level. This is still in the early stages of development, and will be underpinned by the other frameworks.
Evaluation Framework	It is important that we are continually examining our public involvement practice and the impact this has both on our work, but on our people and communities. The Evaluation Framework will outline how we will measure and appraise our range of methods, and how this will support ongoing continuous improvement. This is yet to be developed.

# Governance Framework

1. Public Partnership Committee
2. Guide to Patient & Public Involvement in our ICS and Engagement Model
3. Patient and Public Partners Programme
4. Peer Leadership Programme

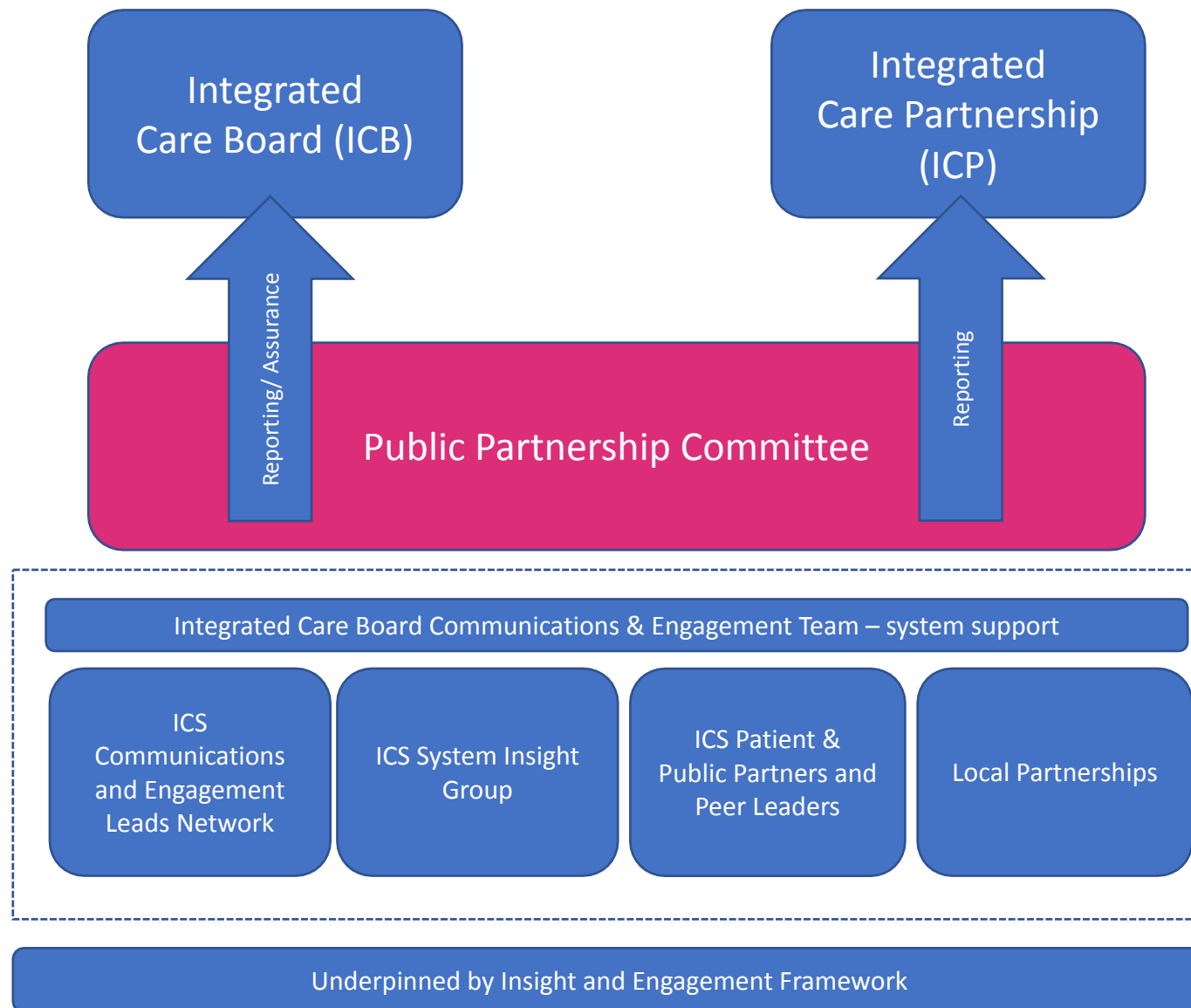
# Governance Framework

Our desire to embed the voice of people and communities at the heart of planning, priority setting and decision-making, to drive transformation is reflected in the development of our Public Partnership Committee, and its associated structures.

The remit of the committee and its structures will be to:

- Act as the interface between people and communities and the ICS.
- Drive our ambition to put patient and public insight at the heart of decision making in the ICS.
- Oversee and assure arrangement for involving people and communities in planning, priority setting, and transformation programmes.

There are many components that support this work in the Insight and Engagement Frameworks, for example the ICS System Insight Group, the ICS Patient and Public Partners/Peer Leaders, and local approaches developed to harness and take action on insight.



# Governance Framework

## Public Partnership Committee

The role of the Public Partnership Committee is still under development, but the following is likely to be within its scope:

- Involving citizens in the strategic development of the ICB:
  - at the priority setting and strategy stage
  - in the planning of services
  - in the instances where services go through change
  - Involving citizens in the creation of the system's strategic plan
- Assure the approach taken by the ICB in gathering intelligence about the experience and aspirations of people who use care and support and assure approaches to using these insights to inform decision-making and quality governance.
- Overseeing and assuring the process for developing the system-wide strategy for engaging with people and communities, using the 10 principles in this NHSE guidance as a point of reference.
- Overseeing and assuring the arrangements for ensuring that integrated care partnerships (ICPs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.

## Next Steps:

- Explore the role and remit of the Public Partnership Committee against the backdrop of current and pending legislation and guidance
- Explore the role and remit of the Public Partnership Committee will relevant executive and a non-executive director level roles on the new ICB with these functions in the portfolios
- Explore how the Public Partnership Committee links to other current programmes of work to seek its assurance, i.e., Patient and Public Partners (Including the Peer Leadership Programme) and Listening and Learning as a System (including Involving People and Communities in Place Partnerships).
- Explore how the Public Partnership Committee works alongside both the ICB and ICP.
- Launch in line with the Integrated Care Board, July 2022

Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners

Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

# Governance Framework

## Guide to Patient & Public Involvement in our ICS and Engagement Model

This is a guide to the legal obligations for NHS service change programmes in Joined Up Care Derbyshire (JUCD), Derbyshire's Integrated Care System (ICS).

This guide has been developed for those considering, and involved in, NHS service change to help them navigate the common legal and policy issues from the very start of a service change programme through to the final decision-making. This includes NHS commissioners and providers, as well as ICS leads and partners. It describes the current legal framework and the likely steps required to discharge legal duties when making changes to services.

## Next steps:

- Link to the JUC Improvement Digital PMO
- Publication on the JUCD website for transparency
- Training and awareness raising programme rolled out across the ICB and ICP
- Feed into the development of a Patient and Public Involvement Policy
- Will be subject to update following enactment of the Health and Care Bill 2022.

Co-produce and redesign services and tackle system priorities in partnership with people and communities

Use co-production, insight, and engagement to achieve accountable health and care services

Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions

# Joined Up Care Derbyshire Engagement Model

## Planning and preparing for Change

Complete Project Outline and Initiation Documentation

### Complete the Patient and Public Involvement (PPI) Assessment and Planning Form

This form must be completed at the start of the planning process for any change and before decisions are taken which may impact on the range of services and/or the way in which they are provided.

All projects leads seeking to make changes to a service must discuss their plans with the Engagement Team from the outset.

## Building a 'Case for Change' – The Why?

### What is already known about the issue?

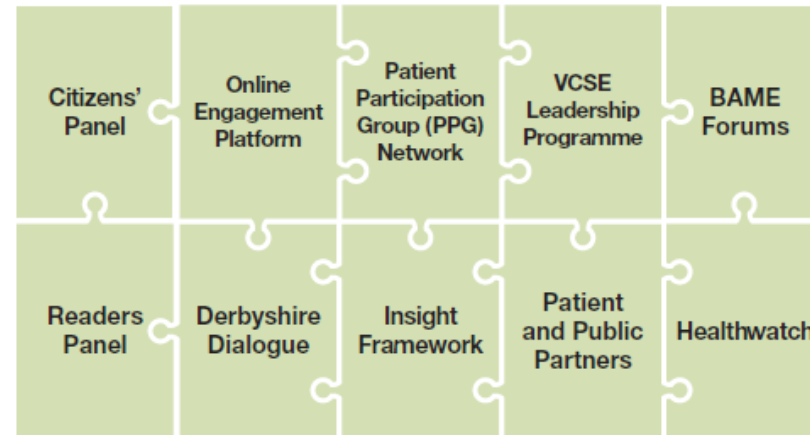
Review existing information, including patient experience insight to define the need or problem, and determine any gaps in insight.

Listening to public and stakeholders to gather useful information for solution development

## Pre-engagement – The What?

(To check the 'Assessment of Impact' and ensure people are involved in the 'Proposals for Change')

The Engagement Team have a 'Suite of Tools' available to help you with your plans for involvement. Some changes may require a bespoke engagement package.



### Bespoke Engagement Plans

Focus Groups/Confirm and Challenge Sessions/  
Deliberative Events/Patient Stories/Surveys

Listening to public and stakeholders to gather useful information for solution development

At the end of this stage revise your Equalities Impact Assessment (EIA).

Can be behind closed doors through invitation only, but should involve

## Options Development and Appraisal – The How?

# Governance Framework

## Patient and Public Partners Programme

Patient and public partners are lay members who want to be involved in improving health and care. They have extensive experience either as a patient, family member or caregiver; others have been part of the health system in a professional manner. Our partners get involved in various aspects of work in the Integrated Care System to help develop and improve services.

They provide:

- Important insights and ideas for quality improvement efforts
- Improve communication between patients and health care providers leading to improved patient and provider satisfaction
- Help health care providers embrace potential changes, as they are able to see them from the patients' perspectives
- Help to ensure that patients are full participants in decisions that affect them
- Contribute to meaningful changes to health care services.

We currently have 14 Patient and Public Partners on Cancer, Respiratory, Diabetes, and CVD Boards and workstreams.

## Next steps:

- Develop toolkit to roll out Patient and Public Partners across the system, including clearly defined roles and accountabilities, training and development offer and induction process
- Create peer support network to ensure their voices aren't isolated - to enable balance and diversity of perspective to improve decision-making.
- Explore the possibility of linking this work in with the Peer Leadership Programme
- Consider sustainable resourcing & co-ordination
- Link into structures at Governance level, i.e., Governance Framework.

Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

Co-produce and redesign services and tackle system priorities in partnership with people and communities

Use co-production, insight, and engagement to achieve accountable health and care services



### Professor Paula J Holt MBE

I was keen to become a Patient and Public Partner for the Diabetes Board, as I have learned through my many years as a nurse, and as an academic responsible for educating our Nursing and Allied Healthcare workforce, that the voice of service users/patients is the most important in the health and care system. Over the past couple of years, I have been the recipient of care for long term conditions that were completely unexpected. I have had fabulous care physically and psychologically from experienced health professionals that have helped me navigate and adapt to a new way of living and given me the confidence to deal with my wellbeing - with support available if needed. During this time, I have experienced occasions of not so great care, and though I have not been afraid to address this I am aware for others raising concerns does not come easy. I am engaged in a wide network of people with long term conditions through friends, family and social media support groups. We share dialogue on what is going well or not so well in our care, and what makes the pursuit of wellbeing and self-management more difficult for some, particularly lack of resources, support or education. I wanted to be a Patient and Public Partner representative to advocate for patients and reflect their lived experiences, to champion care that is kind, innovative and equitable, and to promote the need for care that is holistic. It remains a frustration that having more than one health need necessitates the involvement of different groups of health professionals that don't always seem to collaborate or communicate effectively to ensure joined-up care for the individual, but with more patient voices articulating their lived experience I hope that truly integrated care becomes a reality. I can honestly say that in the few meetings I have attended so far, I have been treated as an equal and valued participant, and I would encourage others who are keen to represent the patient experience to consider how they can contribute to making a positive difference to our healthcare system.



Jo Blackburn, Personalisation Programme Manager for Joined Up Care Derbyshire, has this to say about the Patient and Public Partner initiative:

*"The Living with and Beyond cancer workstream is the best meeting I attend because there are people in attendance that have lived experience of cancer. They are good at challenging some of the conversations and relating them to what it's like having to live with a condition, something we really can't understand. At many meetings, they challenge the use of all the acronyms which often, other participants don't even understand the meaning of (but are afraid to ask). All services should have people with lived experience participating, it makes such a positive impact."*

## Patient & Public Partners Programme

### Trevor Parkerson

My name is Trevor Parkerson, and I am a 75-year-old Anglican priest. For the last seven years, I have worked as a Hospital Chaplain, first at Queens Hospital, Burton, and then at Royal Derby and Florence Nightingale Community Hospital. In 2020 I underwent major cardiac surgery and received excellent cardiac rehabilitation care from the team at Queens Hospital, Burton. From my work as a Hospital Chaplain, I had learned that cancer patients do not always receive a consistent level of rehabilitation, that is if they receive any at all. I was very pleased to have the opportunity to join the Living with Cancer workstream and I was surprised to learn that the provision of Cancer prehabilitation and rehabilitation is not mandatory in the NHS.

The workstream group is very diverse and involves people with many different roles, some within the NHS but others who work for community groups who are key to providing support for people living with cancer. I have received excellent support from Sheree who leads the group and Lisa who works alongside Sheree. We normally meet monthly using MS Teams and before each meeting, the Patient and Public Partners are invited to attend a pre-meeting to discuss any issues. The Patient and Public Partners in our group have a wide range of backgrounds and experience and can comment objectively at the meetings. It is still early days for the group, and it will continue to develop ideas to improve the aftercare offered to cancer patients with set objectives and dates already agreed.



# Governance Framework

## Peer Leadership Programme

The Peer Leadership Development Programme has been created by the Personalised Care Group at NHS England and NHS Improvement.

The aim of the programme is:

- To tell people what personalised care is and how people in England can benefit
- To develop new Peer Leaders. Peer Leaders are people with lived experience who are committed to working collaboratively with the NHS to shape and influence how health and care is delivered.

The programme is mainly aimed at people with long-term health conditions and disabilities who could benefit from personalised care, but it is also suitable for people working in the health, care and voluntary sectors. The course is delivered in bite-size chunks using language that is easy to understand. The course runs continuously and is delivered online. The aim is to develop leaders who can actively influence how personalised care is developed and delivered.

## Next Steps:

- Launch planned for September 2022 to recruit potential Peer Leaders for the programme
- Explore links to the Patient and Public Partner programme, as it may be that these two programmes merge.
- Establish mechanisms to influence planning and priorities in the ICS through the Governance Framework

Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

Co-produce and redesign services and tackle system priorities in partnership with people and communities

Use co-production, insight, and engagement to achieve accountable health and care services

# Peer Leadership Framework



# Insight Framework

1. Involving People and Communities in Place Partnerships
  2. System Insight Group
  3. Patient and Public Insight Library
  4. Local Integration Index
-

# Insight Framework

## Overview

The Insight Framework looks at how we identify and make better use of insight that is already available in local communities to inform the work of the ICS. It responds directly to the Working with People and Communities guidance, which states that we should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

Many communities already have established mechanisms of finding out what's important to people, with regards to their wants, needs and aspiration. We will seek to harness and examine that insight, and present it in a way that will enable the ICS to listen to and take action, to truly put the voice of people and communities at the heart of decision making in the ICS.

This approach is about authentic collaboration with communities without a pre-set agenda and will require that we are really brave and believe that people know what they need to be well and happy. It will also require us to align our Governance structures to support community led action.

## Next Steps:

- Establish a mechanism for gathering together insight within the system from different sources, analyse and interpret that information and present it in a way that the system can take action on to influence transformational work that is key to better health and wellbeing
- Work with and fully engage a range of system partners to pap partner insight collection and examine, to see how it supports the ICS to understand needs, wants, aspirations, and experiences
- Develop the resource needed to analyse, interpret, and present insight in a way that can inform decision making, and measure the success of the ICS – this may require a digital data collection solution and/or additional staff hours
- Look at how we can use insight to motivate and support communities to take social action, e.g., through health and wellbeing campaigns.

Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect

Build relationships with excluded groups, especially those affected by inequalities

Use community development approaches that empower people and communities, making connections to social action

Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

# Insight Framework

## Involving People and Communities in Place Partnerships

This approach aims to move away from more transaction one off conversations with patients and members of the public, to a way of working that is continually listening to and acting on the needs, wants and aspiration of local communities, to drive local priorities.

We will implement an approach to the 'Involvement of People and Communities in Place Partnerships' that:

- Puts the voice and lived experience of people and communities at the heart of what we do in Place.
- Promotes a culture of listening, learning, and taking action together – linked to previous project.
- Embeds a long-term and continuous process
- Creates 'interfaces' between people and communities, and the ICS to ensure we listen with purpose, learn from those conversations, and take action at all levels of the ICS
- Mobilises people to engage in meaningful conversations about 'what matters to them'
- Builds relationships with excluded groups, especially those affected by inequalities

## Next Steps:

- Approach has been agreed with the Place Partnership Sub-Committee and a task group set up to oversee the work
- Desk top analysis of good practice, to identify what we can build on in Derbyshire
- Learning Network to be set up to bring people together like-minded and motivated individuals, who want to develop this approach, building on the good practice identified
- Consider a test and learn piece of work to enable learning around resourcing and techniques and inform the scalability of our approach.

Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect

Build relationships with excluded groups, especially those affected by inequalities

Use community development approaches that empower people and communities, making connections to social action

Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

# Insight Framework

## System Insight Group

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. The aim of this group is to try and link this insight together.

The focus of the group is on health and wider wellbeing to ensure attention is given to the wider determinants of health supporting the strategic approach to population health management.

Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners

## Next Steps:

- Continue to build relationships and trust with experience and engagement leads
- Confirm where the group reports to within the Governance Framework, and the relationship with public partnership committee
- Coproduce and establish a new set of priorities for the group to mobilise around a common set of goals for the system. (Past outcomes have included the development of the Patient and Public Insight Library, and the Digital Inclusion Checklist)

### CASE STUDY: Insight network in Derbyshire

One way of understanding what is already known is by bringing together and working with those already engaging with people and communities across a system.

Joined Up Care Derbyshire has established an insight network to streamline how data is gathered and used across the health and care system. The system insight group brings together approximately 50 different system partners with the vision of developing a culture of being insight-led and linking different sources of insight together when making decisions.



# Insight Framework

## Patient and Public Insight Library

The insight library has been developed to collect, organise, and collate insight gathered across all system partners in Derbyshire. It is easily accessible and searchable by a wide variety of professionals and can be found on the NHS Futures Platform. The library aims to assist decision-makers to find current insight in the system, to avoid duplication and consultation fatigue, and aid decision making.

### Next Steps:

- Continue to input patient and public insight reports from a wide range of system partners
- Establish mechanisms for keeping the library updated as new insight is collected
- Establish links with VCSE organisations who regularly collect insight, e.g., citizens advice, first steps, Alzheimer's Society
- Regularly promote the insight library and relevant content to ensure it is used in decision making – possibly through an insight newsletter to members/broadcasting content to the membership/regular feature in the JUCD newsletter.
- Share this resource with other systems by supporting NHSEI to duplicate and disseminate our template on NHS Futures.

## The Joined Up Care Derbyshire Public and Patient Insight Library

Insight gathered from across health, care, voluntary and community organisations.

Quick search

Order by ▼ Show Summary ▼

47 entries

Publication Date	Title	Organisation	Report Summary	Web link	Report (download file)	Service Type	Key Themes	Age
04 Oct 2021	Deaths in Derbyshire - Palliative and end of life care factsheet: Recent trends in place of death	Public Health England	<a href="#">View report summary.docx</a>		<a href="#">Download the report.pdf</a>	Palliative/end of life care ...	Health inequality	25-64 years 65-85 years All All people over the
31 Aug 2021	Perceptions and Reality - Accessing Primary Care, and Urgent and Emergency Care	Britain Thinks	<a href="#">View report summary.docx</a>		<a href="#">Download the report.pdf</a>	Ambulances and paramedics Emergency department (i... General Practice (GP) NHS 111 Urgent care, walk-in care...	Access to services Information, publicity and... Quality of treatment	All people 18 and o
16 Aug 2021	PCCO PCN – Social Prescribing Experiences	Healthwatch Derby	<a href="#">View report summary.docx</a>		<a href="#">Download the report.pdf</a>	General Practice (GP) Social prescribing	Access to services Communication between... Information, publicity and...	25-64 years 65-85 years
01 Aug 2021	Covid-19 Social Study	UCL	<a href="#">View report summary.docx</a>	<a href="#">View online</a>		COVID-19, including lon...	Access to services	All All people 18 and o

Use co-production, insight, and engagement to achieve accountable health and care services

Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners



# Insight Framework

## Integration Index

As we move towards the greater integration of services, it has become increasingly important to understand what is meant by integration and how to measure it from a user perspective. There is currently no effective approach in place to measure integration, and current practice around collection patient experience data, mirrors the delivery of services, in that it is currently measured by each service separately. Connections are not made that would help to address the difficulties individuals have understanding and navigating pathways, which is essential if we are to move to joined up care.

## Next Steps:

- Local Integration Measure linked to the Team Up transformation programme in development. Specification sent out and Traverse agreed to conduct a feasibility study as to what this might look like. Supported by the Kings Fund.
- Linked to the guidance published by the Kings Fund - [Understanding integration - How to listen to and learn from people and communities](#) – Kings Fund. This features the work of our System Insight Group in Derbyshire.
- Also linked to Involving People and Communities in Place Partnerships at the macro level.
- National Integration Index to be implemented by all systems April 2023. Implementation matrix in development to aid roll out of this across systems from Q2. With need system lead, information governance lead, and business intelligence lead.
- Results of the feasibility study on the implementation of a local Integration Index to be reported by the end of September 2022.
- National Integration Index to be implemented by all systems by April 2023.

Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

Use co-production, insight, and engagement to achieve accountable health and care services

Use co-production, insight, and engagement to achieve accountable health and care services

# Engagement Framework

Citizens' Panel

Online Engagement Platform

Derbyshire Dialogue

PPG Network

BAME Involvement and Relationships

Readers Panel

FT Governors, Non-Execs and Elected Members

# Engagement Framework

## Overview

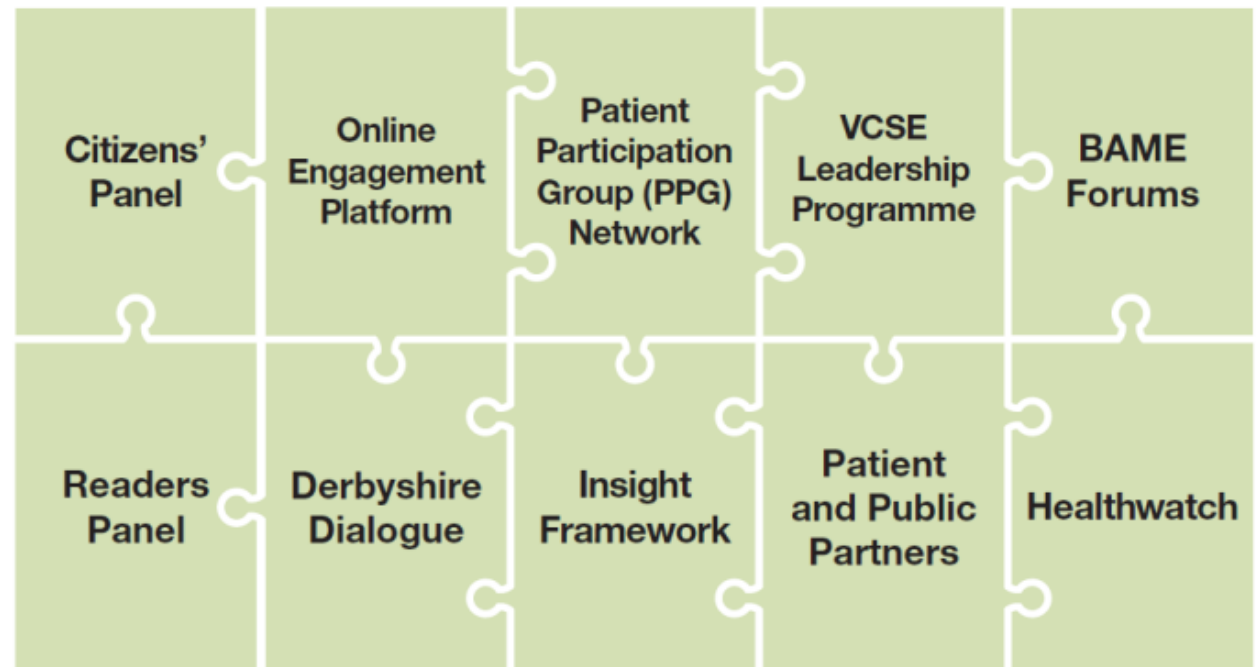
Involvement is essentially about building relationships, which in turn build trust and improve participation of patients and members of the public. It's not a rigid process, it needs flexibility.

The aim should always be to involve patients and the public at the highest level possible within the time and resources available, and a multi-layered approach using a variety of different involvement methods are often needed to ensure the best outcome.

Within Joined Up Care Derbyshire, we have developed a continuous engagement framework to provide methods and tools at the disposal of our system partners to support our relationship building.

## Next Steps:

- To continually develop the framework to strengthen the opportunity for seldom heard voices to influence activities and decisions within the ICS
- To embed the existing engagement framework within the emerging ICS development programme, and ensure staff are aware of it and use it
- To use these mechanisms to help us understand community's needs, experience and aspirations for health and care
- To ensure our mechanisms bring citizens into the discussion rather than talks to them about the decision



# Engagement Framework

## Citizen's Panel

Our citizens' panel currently has approximately 1,000 members and the aim is 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. The panel was showcased at the NHS Health and Care Expo in Manchester in 2019.

The panel is currently under development, as we have sourced a new platform and will be running a recruitment campaign to re-build membership and ensure that it is representative of the population.

## Next Steps:

1. Project area established on the platform purely for citizens panel members, which will give them access to newsletter, explainer guides, and projects to get involved in
2. Transfer of current membership from old platform to the new platform. This involves members signing up and will result in lost members. Registration's problems have stalled this.
3. Write to current members to explain we have paused the panel.
4. Begin recruitment of new members once registration issues have been sorted. Target is 1,500 members, broadly representative of the population.
5. Continually strive to improve on diversity of the panel
6. Looking to combine recruitment to citizens panel, with launch of Online Engagement Platform once we have registration sorted.

Use co-production, insight, and engagement to achieve accountable health and care services

Co-produce and redesign services and tackle system priorities in partnership with people and communities

Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect

Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

# Engagement Framework

## Online Engagement Platform

Our Online Engagement Platform uses the Civica Involve Platform, and the aim is to provide a one stop shop space for people and communities to discuss and debate all manner of health and care-related issues.

The platform:

- Provides a safe and interactive space for our communities to discuss and debate health and care-related issues
- Helps 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
- Helps us to receive questions from our communities in a managed space and facilitate responses
- Offers 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.

## Next Steps:

- Develop 3 hubs: Patient and Public, Staff and VCSE
- Working with VCSE Alliance to establish VCSE Hub, its maintenance and sustainability
- PPI hub set up and in development
- Expression of interest form developed for system partners to use the platform
- Set up a space to link into other conversations on other systems
- Embed recruitment to the citizens panel

Provide clear and accessible public information about vision, plans and progress, to build understanding and trust

Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions

Co-produce and redesign services and tackle system priorities in partnership with people and communities

# Engagement Framework

## Derbyshire Dialogue

Launched in September 2020, the 'Derbyshire Dialogue' was set up to start a conversation between our residents, and those commissioning and providing services to update them on the response to the Covid-19 pandemic, and the local transformation of services.

Through this forum, our residents can discuss their experience of services, what's been helpful, what could be improved, and what matters most to them in their design and delivery.

Sessions are delivered by senior clinicians and professionals, or officers in their field, and cover a range of topics. There is a Q&A session as part of all dialogues.

## Next Steps:

1. Continue monthly dialogues
2. Agree programme of topics in advance
3. Record all dialogues and make available through the Online Engagement Platform
4. ICS themed dialogues to take place every 3-4 months
5. Examine the diversity of participants and build on this



Provide clear and accessible public information about vision, plans and progress, to build understanding and trust

# Engagement Framework

## PPG Network

We have created a county-wide PPG network to bring PPG Chairs and their members together, offering support with moving their meetings to an online platform during the pandemic, and a forum for discussing other areas of interest and concern. The network meets every 2 months for 1.5 hrs. The agenda is determined by both the members of the network and the Engagement Team.

## Next Steps:

- To support and strengthen PPG networks in Derby and Derbyshire as a mechanism for continuous engagement
- To develop the agenda to empower the network to act as a sounding board for change and transformation programmes
- To arrange bi-monthly meetings with PPG members across the County and City
- To set a varied agenda decided by both the members and the ICS
- Continue to involve the Primary Care Quality Team
- Provide regular updates on ICS development

## BAME Involvement/Relationships

We are currently working in partnership with Derbyshire County Council and Links CVS, to build relationships with the BME Partnership that currently exists in the County. We are working with DCC and Links CVS to broaden the conversations of the partnership to support the work of the Integrated Care System, and gain insight on key areas of transformational work, e.g., Urgent Care.

## Next Steps:

- Attend monthly DCC BME Forum meetings and contribute health conversations to the agenda
- Develop an approach to working with DCC BME forum leaders around gathering community insight to strengthen our approach to working with people and communities.
- Follow the development of the Derby City Health Inequalities Partnership and community research

# Engagement Framework

## Reader's Panel

### Overview

The readers panel review new and revised information that is shared with patients and members of the public to make sure the information is clear, understandable and concise. It is important that any patient facing information uses the right words, in the right way to ensure our messages are clear.

## Next Steps:

- Provide the panel with opportunities to review and comment on public facing information on a monthly basis
- Provide feedback to the panel on how their feedback as influenced the development of public facing information
- Review and address the diversity of the panel in due course.

## FP Governors, Non-Execs and Elected Members

### Overview

Harnessing the profile and independent/ democratic status of our governors, non exec and elected members will help us understand the view and connections with communities. Utilising the networks and relationships of these members, and ensuring they are briefed on developments, will support the provision of a continuous feedback loop with citizens.

## Next Steps:

- Develop systems to embed working with foundation trust governors, non-executive directors and elected members as key partners in connecting to communities.
- Consider the best mechanism for setting up regular conversations with foundation trust governors.



# Co-production Framework

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# Embedding Co-Production

## Overview

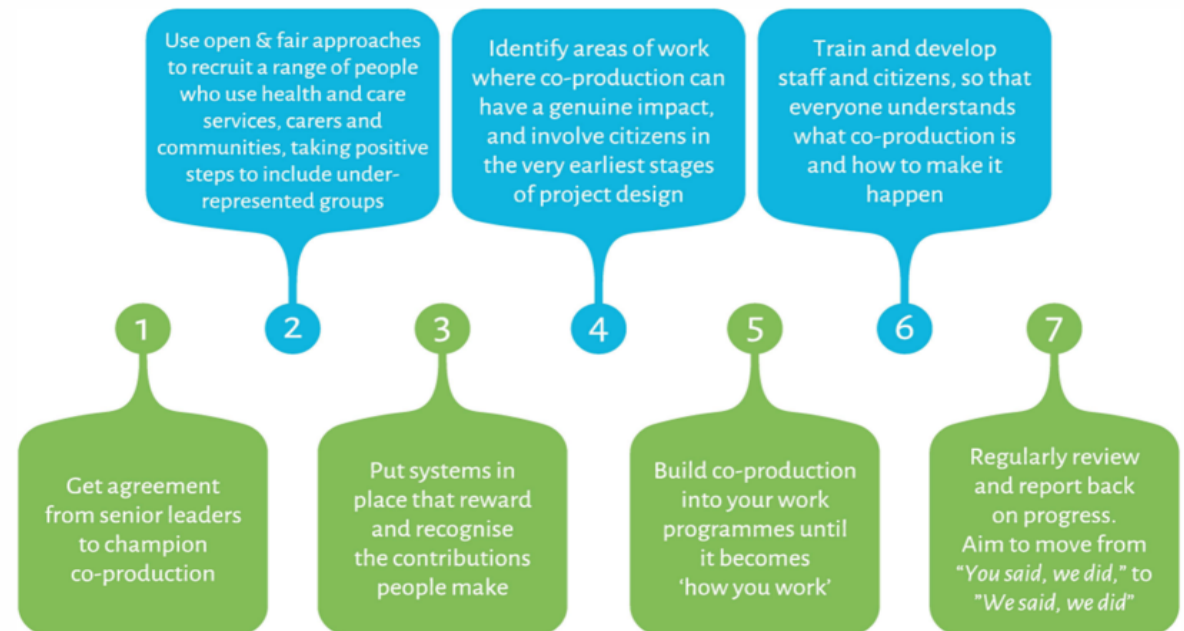
Co-production is about giving patients, members of the public and wider stakeholders an equal voice during the earliest stages of service design and development. Co-production acknowledges that people with 'lived experience' are often best placed to advise on the services that will make a positive difference to their lives.

Need to develop other projects connected to this first. Start framework in Autumn 2022.

## Next Steps:

- Develop a co-production framework to embed, support and champion co-production in the culture, behaviour, and relationships of the ICS, including senior leadership level.
- Identify where in the system there is a strong culture of co-production, and nurture, share and build on this way of working
- Through case studies of existing work identify enablers and barriers to co-production and use this understanding to develop a framework that supports decision makers to use this approach.

Seven practical steps to make co-production happen in reality:



Use co-production, insight, and engagement to achieve accountable health and care services

Co-produce and redesign services and tackle system priorities in partnership with people and communities

Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions

# Evaluation Framework

## Overview

The development of this strategy presents us with a golden opportunity to not only co-produce next steps going forward, but also to co-design an approach to how we evaluate and quality assure our approach to ensure it meets the needs of people and communities to be heard.

An effective formative approach to evaluation will enable Derbyshire ICS to:

- Demonstrate the impact of working with people and communities
- Learn as we implement our strategy
- Be held accountable to people, communities, NHSEI and the Integrated Care Board and partners.

We are awaiting the outcome of a partnership with NHSEI and Traverse which is looking at the development of an Evaluation Framework before we take this forward further.

# Partnerships

Healthwatch

Voluntary, Community, and Social Enterprise (VCSE) Alliance

Derby Inequalities Partnership

Health and Wellbeing Partnerships

Community Champions

Children and Young People's Network

Adult Care Partnerships

# Partnerships

## Overview

The pandemic has accelerated a journey that was already underway in the English health and care system – one that was set out in the NHS Long Term Plan and which placed NHS, local authority and other partners on the pathway to more integrated ways of delivering care. The introduction of integrated care systems (ICSs) and improved working at ‘place’ and ‘neighbourhood’ level has been at the heart of this drive.

Partnership working has been the hallmark of the health and care response to Covid-19. It has provided a strong foundation to reset the way the NHS, local government, and voluntary sector work together and engage with the public, staff, and partners to deliver a step change in health and care.

One of the critical enablers of partnership working is effective engagement and communications. Strong engagement and communications can help to build effective partnerships and enable integrated care systems to achieve their aims of more joined up-care and improved population health. As with other areas of health and care, the pandemic has helped to remove divides between communicators working in different organisations within the system to achieve success in communicating and engaging across the partners that comprise the system, and with their local communities and the full range of health and care professionals, to achieve stronger relationships, more open and transparent ways of working, greater trust, more engaged staff and, ultimately, better outcomes for the public.

Effective pooling and coordination of resources and expertise across organisational boundaries will be key and a critical enabler in the integration journey. Senior health and care leaders will need to ensure engagement teams and mechanisms of all organisations in the system understand and contribute to effective partnership working, alongside their institutional responsibilities, so as to collectively support improvement in population health, and ensure consistent messaging.

**This section sets out the partnerships available within the system supporting the work of the ICS.**

# Partnerships

## Healthwatch

Healthwatch is the statutory body responsible for understanding the needs, experiences and concerns of patients and the public, and to ensure people's views are put at the heart of health and social care. Healthwatch listens to what people like about services and what could be improved, and shares this insight with a range of commissioners, providers and regulators.

Healthwatch has a broad remit, covering health and social care for both children and adults. It serves the whole community, not specific groups, and provides an independent source of insight gathered outside service delivery. It is expected that legislation will change the existing statutory duties of local Healthwatch to advise and inform CCGs so that they apply to ICSs.

## Next Steps:

- Bi-monthly meeting with both HW Derby and Derbyshire
- Involvement of Healthwatch in key governance processes, e.g., System QEIA, Quality and Performance Committee, System Comms and Engagement Group, System Insight Group, Engagement Committee
- Healthwatch Insight logged on the patient and public insight library
- Healthwatch input in the ICP within the new governance structures
- Healthwatch England's methodology to help ICSs understand the needs and experience of specific groups of their population – health and care experience profiles, being explored with Healthwatch Derbyshire.

Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners

# Partnerships

## Embedding the VCSE in the ICS

The voluntary, community and social enterprise (VCSE) sector are a key transformation, innovation and integration partner. The sector provides a strategic voice and is critical in the delivery of integrated and personalised care. This VCSE programme aims to facilitate better partnership working between Joined Up Care Derbyshire and the VCSE sector and enhance the role of the sector in strategy development and the design and delivery of integrated care. The programme supports the development of a VCSE leadership 'alliance' at a system level, with mechanisms for feeding into all levels of decision making.

## Next Steps:

- Inclusive system wide VCSE Alliance. Reference point for ICS, shares good practice, communicates developments, supports representatives
- Effective VCSE representation and engagement at all levels of ICS. Support mechanisms in place to enable any group to engage. Engagement beyond "usual suspects"
- Agreement between VCSE and ICB that sets out how VCSE sector will be involved and can be used as a basis for evaluating progress
- Strong awareness of breadth of VCSE contribution amongst other partners and of ICS amongst VCSE groups. Building of sustainable cross sector relationships
- The development of an integrated VCSE investment strategy that makes best use of all funding streams and funding approaches
- Establishment of a way of working that learns and builds on best practice
- Contribution to the engagement of communities in helping to articulate need and design services
- Joint working barriers around data sharing and quality are removed

Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

Use community development approaches that empower people and communities, making connections to social action

Build relationships with excluded groups, especially those affected by inequalities

Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect

# Partnerships

## Derby Inequalities Partnership

The DHIP is a co-led, joint initiative between Derby City Council and Community Action Derby, working together with community organisations and leaders to help achieve better health outcomes in the city.

Co-chairs are: Amjad Ashraf (Special Projects Manager, Community Action Derby)  
Siobhan Horsley (Consultant in Public Health, Derby City Council)

The DHIP was started in response to the Covid-19 pandemic which shone a light on inequalities in the city and on the good work and potential of communities to respond to this scale of challenge.

It was recommended through the Local Resilience Forum Health and Welfare Cell which identified a gap for Derby City in community led health planning.

It is also a practical response to the increased interest in community engagement to respond to health inequalities as identified in national reports e.g. PHE disparities report.

The DHIP currently consists of approximately 25 members from the community and faith sector. Membership is inclusive and growing.

The partnership began in June 21.

Improving lives is our shared goal and partners recognise we can do this better together.

The DHIP has identified 3 themes of development work:

1. Community consultation and engagement to understand what health issues are most important within our communities: the human experience behind the inequalities data. Dec 21– April 22
2. Health promotion/ education: supporting the development of knowledge, skills and confidence in health issues. April 22 onwards
3. An advisory function to health services and providers to improve their offer for our communities and holding to account for actions following that advice. April 22 onwards

Contact: Siobhan Horsley [siobhan.horsley@derby.gov.uk](mailto:siobhan.horsley@derby.gov.uk) or Amjad Ashraf [amjad.ashraf@communityactionderby.org.uk](mailto:amjad.ashraf@communityactionderby.org.uk)



# Partnerships

## Health and Wellbeing Partnerships

The public health localities team has been working with communities across Derbyshire to improve health and wellbeing for the past 15 years.

The approach brings local partners from the statutory and voluntary sectors together in Health and Wellbeing Partnerships (HWP) to identify and tackle health priorities and reduce inequalities through the delivery of a range of activities and projects.

The team has built strong relationships with key partners and communities over this time. There are 8 Health and Wellbeing Partnerships across the county, one for each district/borough area.

Each Health and Wellbeing Partnership consists of at least 40 partners from each area.

The voice of the person and communities is essential in this work with an increasing amount of this work being community led through community networks, with the ambition to move towards a more asset based approach focusing on what people value and how that impacts on their health and wellbeing.

Currently data and Insight from people and communities informs the partnerships of what is important to people, some examples are:

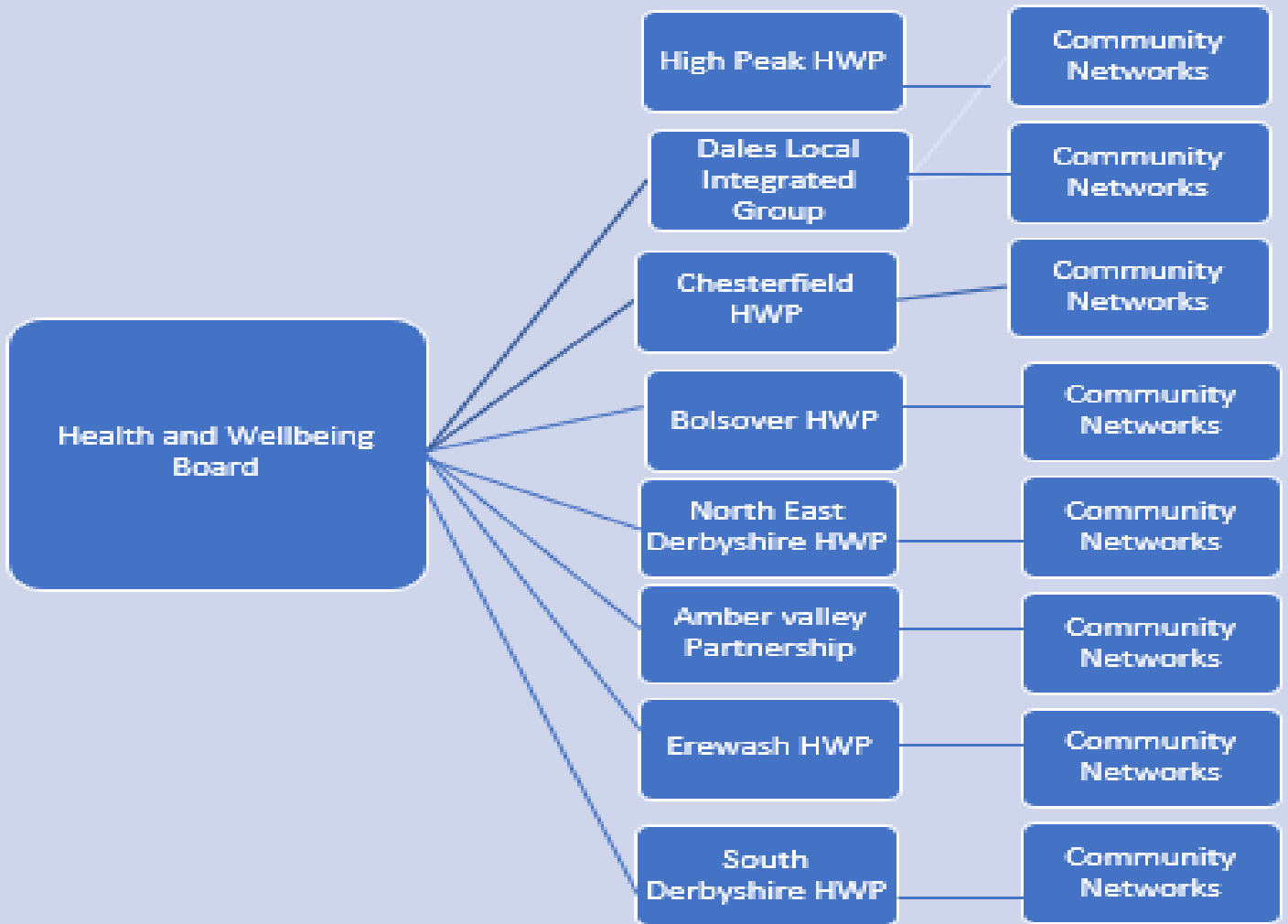
- Financial Inclusion
- Physical Activity
- Social Connectedness
- Mental and Emotional Health
- Community wellness

The partnership convenes working groups around the topic or community identified to build consensus on what approach/piece of work is required to meet the local need, reduce inequalities and increase wellbeing.

Partners work together, pooling insight and resources and funds are utilised locally to progress pieces of work, which are later evaluated.

The Health and Wellbeing Partnerships are accountable to the Health and Wellbeing Board in the county, therefore the community network information not only serves us at a local level but is understood at system level also.

Sara Bains Public Health Lead for Localities and Place  
Sara.Bains@derbyshire.gov.uk



# Partnerships

## Community Champions

Community Champions are groups of people with local knowledge of an area, including the culture, concerns and sentiment of people living in a community.

This initiative was set up by Derbyshire County Council Public Health during the pandemic, to address misinformation being spread around communities, and work to empower and support people in local areas at greatest risk to stay up to date with health advice.

Rather than just increasing the volume of messaging to counteract misinformation, Public Health took a more intuitive approach and invited people representing community networks across the county into a space for dialogue.

A forum is held each Wednesday afternoon for community partners from each of the locality areas to come along to discuss concerns they are hearing from people and communities. Public Health representation from Assistant Directors and the locality programme alongside communications from the NHS are present at the forum to answer questions and give advice.

The Community Partners who have existing and trusted relationships with local communities take the information back to the local areas and use local networks to disseminate the key messages.

The value of this network is that it provides an opportunity to capture local intelligence about what is important to people and communities, what barriers and issues they are experiencing and what they feel the solutions are. The aim to strike the right balance between providing consistency of messages and being relevant to what people want to hear about.

The intention is that the forum will continue to run and manoeuvre into a mechanism that flows information to and from communities about general health and wellbeing to enable a continued dialogue and increased understanding of what is important to communities.

The COVID Community Champion networks are also linked into the Health and Wellbeing Partnerships.

Sara Bains Public Health Lead for Localities and Place

[Sara.Bains@derbyshire.gov.uk](mailto:Sara.Bains@derbyshire.gov.uk)

# Young People's Participation – Derbyshire County Council

## Overview

### Derbyshire Youth Network (DYN)

This network works in partnership with a large range of services, including schools, and the voluntary and community sector to involve young people in opportunities to influence the planning, design and delivery of services. The network uses a number of different mechanisms, e.g. surveys and focus groups to facilitate feedback from young people with lived experiences, and support decision makers to find out 'what matters most' to young people.

Engagement and consultation activities are run in partnership with service/organisational leads and feedback is provided to the young people who participate through updates and short videos to show the impact their contribution has made in the decision making process.

Recent surveys have included:

- Careers support, jobs and other opportunities in October 2021 received 921 responses
- Climate Change and Sustainability in April 2022 which received 1459 responses.

### Children in Care Council

This is an active and vocal group who meet regularly to discuss issues that are important to them. They are consulted on many issues by senior managers and service leads, and also lead on topics. The children in care council also facilitate the 'Big Conversation' which is an annual event that gives children in care (and care leavers) the chance to discuss issues they would like to change, and work with managers to find a solution. The work is monitored by the young people through an action plan and regular updates.

### Care Leavers Council

This is a group of young people who are involved in advocating for the views of themselves and other care leavers. Recently they ran a peer led campaign about mental health needs which has led to an action plan that will improve and inform services designed to support young people. The care leavers council facilitate the annual take-over day with the corporate parenting board which is a great opportunity for service leads and young people to work together about what is important to them.

### SEND (Special Educational Needs and Disability)

The participation team have a SEND worker who ensures that children and young people are fully able to engage in participation activity. This includes ensuring that all DYN surveys are accessible and that young people with SEND are supported where needed to complete them.

Lead: Rosie Key [rosie.key@derbyshire.gov.uk](mailto:rosie.key@derbyshire.gov.uk)

# Young People's Participation – Derby City Council

## Children and Young People's Participation Strategy

Derby City's Children and Young People's Partnership Participation Strategy 2020-2023 can be found [here](#). Coproduced by CAYP this strategy outlines the Council's commitment to proactively seek out the views of CAYP, and use their voice to improve services.

## Derby's Youth Mayor

The Mayor and Deputy are in office for 1 year, where they promote the positive contributions children and young people make to the city. The Youth Mayor and Deputy attend events to raise the profile of issues that matter to children and young people in Derby. To invite the Youth Mayor and Deputy Youth Mayor to an event please complete the request form [here](#).

## Children in Care Council (CiC)

The CiC is a group open to children and young people who are looked after by Derby City Council, aged between 10 and 24, living in and around Derby.

Meeting Bi-Monthly the meetings consist of activity time followed by consultation and is open to all children and young people with care experience and provides a space for discussion across a range of topics that affect CiC. The views of the CiC are used to influence the delivery and design of services to improve outcomes for looked after children and care leavers.

To involve the CiC please complete the request form [here](#).

## Youth Council: Voices in Action (ViA)

Voices in Action (ViA) is a youth council for young people aged 11 – 19 who represent their school or another youth group.

Meetings are held online each month where members discuss a range of topics that affect children and young people and have the opportunity to share ideas to help improve services in Derby.

If you would like to involve children and young people please complete the request form [here](#).

## SEND (Special Educational Needs and Disability)

The participation team also ensures that SEND children and young people are fully able to engage in participation activity. This involves bespoke pieces of work, e.g. working with Deaf children and young people. This work is underpinned by a co-production charter that can be found [here](#).

Adele Styles Children and Young People's Participation Officer

[Adele.Styles@derby.gov.uk](mailto:Adele.Styles@derby.gov.uk)

# Adult Care – Derbyshire County Council

## Overview of Partnerships

### Learning Disability Partnership

Members include adults with LD and carers of people with LD sitting alongside a range of professionals from across health, care and the VCSE.

Beneath this are three local partnerships (all with a similar range of membership but within the local context):

- North Board ( Derbyshire dales and High peak combined)
- Amber Valley Board
- South Derbyshire and Erewash Board

The purpose of all boards is to act as a critical friend and co-production group for adult care and other organisations needing to co-produce services or consult with that section of the community.

### Reps on Board

This brings all the adults with LD who sit on the LD Partnership and Boards together to support them in their work, through providing training and information. Reps on Board also support with co-production outside of the board structure, for adult care and other organisations, and provide training and awareness raising of LD issues across the system, e.g. the Police.

### Learning Disability Carers Group

This group gives space for LD carers who sit on the LD Partnership structure to have conversations in a safe space that relate to their needs. It also supports them to take part in co-production and conversation about issues and services related to carers.

### Derbyshire Stakeholder Engagement Board

The membership of this Board consists of LD carers, older people, people from the BME community, people with a physical disability, and professionals. The membership is open to any one who would represent a stakeholder group and is always actively recruiting. The purpose is to co-produce policy and information for services accessed by members of the public.

The group applies its logo to documents when they are happy that it has been produced in true co-production with themselves.

Lead: Helen Greatorex [Helen.Greatorex@derbyshire.gov.uk](mailto:Helen.Greatorex@derbyshire.gov.uk) Service Manager Stakeholder Engagement and Consultation Adult Care and Health

# Summary

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# Our Strengths

- We have made huge strides during the pandemic with regards to establishing significant links into communities through public health activity.
- Derbyshire was a pilot site for ICS Citizen's Panels and we are commencing our second wave of recruitment this year.
- We have been working closely with the Kings Fund for over a year to support the development of a guide on how to listen and learn from people and communities, and a local Integration Measure, linked to one of our most successful integration initiatives 'Team up'.
- We have a well-established system insight group which has worked to pool patient and public insight, with the aim of shaping policy and practice; our patient and public insight library has been adopted by NHSEI as a template for use by other systems.
- We have launched our online engagement platform which contains over 40 engagement, feedback and analytic tools to make it easier for us to involve our communities in the decisions being made around local services; across all system partners.
- We work in partnership with Derbyshire County Council to support the BME forum to be actively engaged with all manner of decisions being made about local services, both from a health and care perspective.
- We have worked with our PPG's to strengthen their ability to work with practices and PCNs, and receive information on all manner of topics related to their work, from both health and care partners.
- We have refreshed our engagement model, and accompanied this with comprehensive guidance to ensure that the need to involve people and communities in decision making is embedded in planning.
- We have started to develop an Insight Framework with the help of our community partners.





# Areas for development

- We need to establish how we effectively pool and coordinate resources and expertise across organisational boundaries to ensure all organisations in the system understand and contribute to effective partnership working, alongside their institutional responsibilities, so as to collectively support involvement of people and communities in the decision being made, improve population health through social action and ensure consistent messaging out to the public.
- Build on our developing frameworks to embed co-production in all aspects of our work.
- Develop an evaluation mechanism to measure our success in involving people and communities.
- Disseminate and embed our Guide to Patient & Public Involvement in our MCS and Engagement Model in all aspects of system work.
- Continue to build our engagement framework to reflect the diversity of our local population
- Establish our governance framework and how this is informed and support by our engagement and insight frameworks.
- Disseminate and apply learning from the Integration Measure feasibility study when complete.
- Formally launch our Online Engagement Platform, and re-launch our citizens panel to ensure panel membership is representative of the local population.
- Co-produce mechanisms for working with foundation trust governors, non-executive directors and elected members as key partners in connecting to communities.
- Further develop our Patient and Public Partner programme alongside the Peer Leadership programme.



# Joined Up Care Derbyshire

*The health and social care partnership for Derby and Derbyshire*

