21st Century #JoinedUpCare: Public and Stakeholder Engagement Report (pre-consultation)

Purpose of this document:

The 21st Century #JoinedUpCare programme has undertaken substantial engagement with a wide range of stakeholders and public since it commenced pre consultation in 2012. This document provides a baseline of the activity and responses the programme has received during this period and explains how they have informed the development of the proposed changes and wider programme.

Overview

Introduction

Health and Care Commissioners and Providers in North Derbyshire have worked together to develop a 5 Year Plan for the future of care for the 390,000 residents of North Derbyshire.

- The plan summarised the need for change:

  'Fundamentally, we need to better meet the changing needs of our people – where increasingly the ageing populations' needs are ongoing and complex (social, physical and mental). Some of the existing services are not resilient due to skills shortages and configuration. And, if services are not changed, the system will have a c.£150m funding gap in 5 years' time.'

- It describes major changes to the way in which care will be provided, in particular, the development of Integrated Care to better meet the ongoing care needs of the people of North Derbyshire.
- Clinicians, professionals, commissioners and providers recognise that current system behaviours, which are typically reactive and are characterised by organisation and role boundaries, must be replaced by a new system that is centred on people and communities.
- The new system will:
    - Require individuals and teams to work in a more integrated way - organised around the person and community.
    - Recognise the key role that carers and voluntary services provide.
    - Provide 'community 'hubs' from which local health and care services operate.
    - Integrate service into wider networks which offer effective access to specialist expertise and services.

Fundamentally, the aim of the whole system plan is to keep people:

- Safe and healthy – free from crisis and exacerbation
- At home – out of social and health care beds
- Independent – managing with minimum support

…which is founded on building strong, vibrant communities.

The 5 Year Plan recognises that the needs and situation of people varies significantly across North Derbyshire and hence – 'not one size fits all'.

Consequently, local communities have been identified as a means to engage people in the development of services to meet their specific needs.

This includes both the development of:

(i) Cross functional teams (health, social care and voluntary organisations) providing integrated care (JoinedUpCare).

(ii) Community hubs - 'out of hospital' places from which care will be delivered (as outlined on the previous page).

Whilst the definition of these 'local communities' is not fixed (*'we will learn and adapt as needs and ways of working are better understood'*), as a starting point, eight natural communities (covering the whole of North Derbyshire) have been defined that largely link back to District and Borough Council boundaries and in turn to the north of the County Council which covers the whole of Derbyshire.

Local Community	District and Borough Council
1. Dronfield, Killamarsh and Eckington	North East Derbyshire
2. North Bolsover	Bolsover
3. Chesterfield East	Chesterfield
4. Chesterfield Central	Chesterfield
5. South Hardwick	North East Derbyshire
6. Dales	Derbyshire Dales
7. Buxton	High Peak
8. Central High Peak	High Peak

Throughout the pre-consultation period, the programme has undertaken comprehensive engagement with stakeholders, patients, public, clinicians and professionals at a 'system' level and at a 'local' level in each of the 8 communities. These activities have been to establish, develop and influence the vision, case for change, future models of care and the development of viable options that can be taken forward to consultation. The more recent pre-consultation activities looking at alternative options for care delivery have very much focused on the 'Community Hubs' element of the plan, and it is these that are presented in the Pre Consultation Business Case.

Pre-consultation engagement – Why and How?

Although there is a clear statutory obligation to be filled around formal public consultation, there is not around pre-consultation. However it is critical to consider the consultation statutory duties prior to launching any formal public consultation to ensure the pre-engagement does not compromise the consultation and is able to stand up to scrutiny and withstand legal challenge.

Therefore we have been engaging the public, clinicians and professionals in discussions to inform our thinking, and put solutions in place that meet peoples' needs. From 2011 onwards stakeholders have been given the opportunity to inform, shape and be engaged with the changes. This has involved a steady flow of information, through newsletters, public meetings, briefings, videos, presentations, talks and an extensive set of co-production and critical friend meetings.

This approach to co-designing with our communities has given people a real opportunity to influence thinking. By providing people in local communities with an understanding of the system pressures, and benefits that the wider changes will bring, we have been 'telling the whole story' to help them make more informed choices.

We fully recognise that it is crucial the programme demonstrates to those stakeholders engaged how their input has been utilised to inform and shape the development of the formal consultation options. Furthermore the programme is heavily dependent on successful communications and

engagement in order to meet its objectives, including the Secretary of State Reconfiguration Tests ('The Lansley Tests'):

1. Support from GP commissioners
2. Patient and public engagement
3. Clarity about clinical evidence base
4. Patient choice

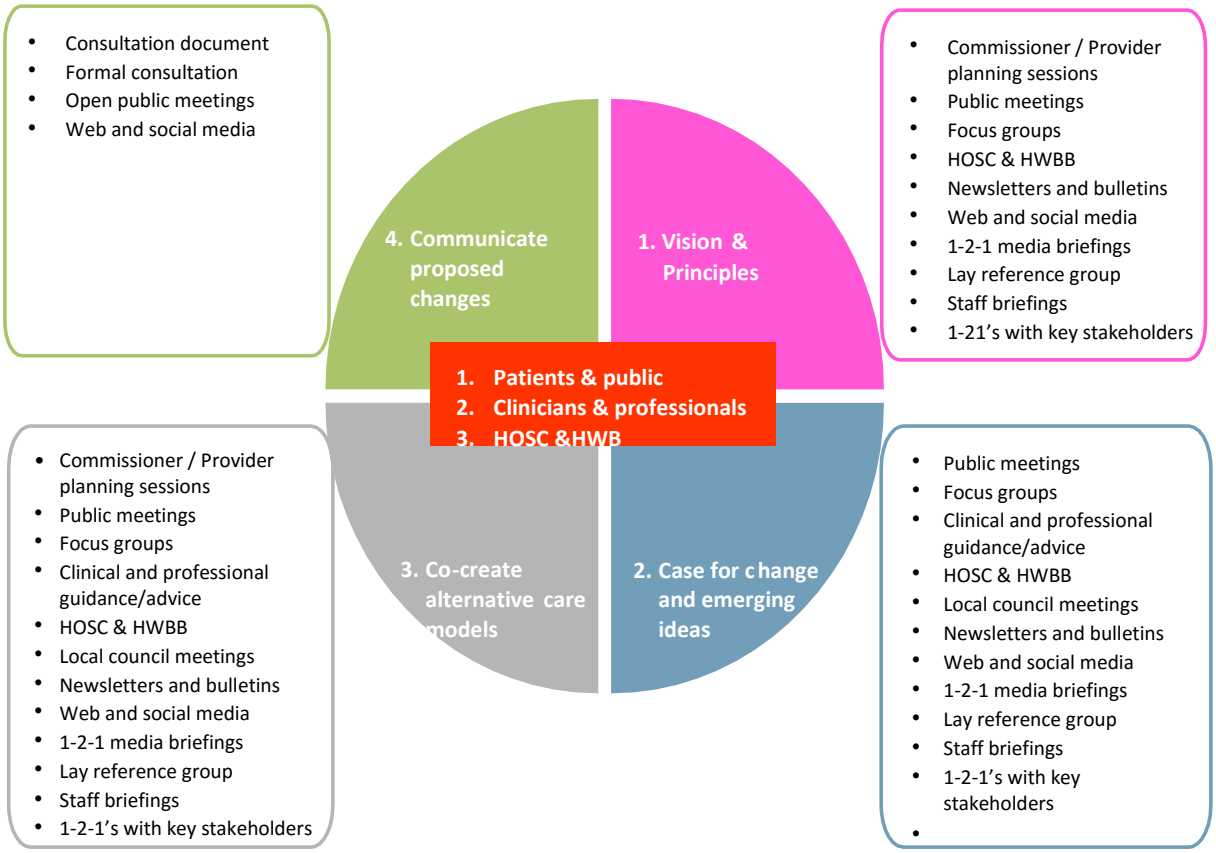
Approach

Reflecting experience from other consultations, best practice guidance, the NHS England Assurance Process and the Equality Act 2010, a communications and engagement strategy was produced by the Communications and Engagement Working Group to guide and shape the Programme's public and stakeholder engagement. Development of this strategy was based around the need to engage with three key groups:

1. Patients and the public;
2. Clinicians and professionals; and
3. Health Overview & Scrutiny Committee, Health & Wellbeing Board and wider political engagement.

To further support the implementation of this strategy against each of the three key groups the Communications and Engagement Working Group developed a stakeholder map to further shape the implementation of the communication and engagement strategy and work programme.

An overview of the communications and engagement strategy is described below.



The following table provides a summary of what the strategy proposed and what has actually been delivered so far.

What was planned in the strategy	Summary of what we have delivered		
	1. Vision & Principles	**2. Case for change and emerging ideas**	**3. Co-create alternative care models**
Commissioner / Provider planning sessions	The Future of Services in North Derbyshire: A half-day visioning session with Clinicians, Professionals and Voluntary Sector **x1**		Community Hub Working Group within each of the eight communities to consider and develop alternative models of care **x73**
Public meetings	Events to launch vision and agree guiding principles **x3**	Public meetings to develop the dialogue around the changing health and care needs of the population and pressures faced **x8**	Open public meetings to discuss the reasons for change and the developing alternative care, and receive feedback **x8**
Focus groups with a wide range of stakeholders		Sessions with small voluntary, self help and advice groups **x 63**	Public focus groups to test emerging ideas on alternative ways of providing care **x4**
Clinical and Professional Guidance and Advice		• East Midlands Clinical Senate confirm and challenge **x1** • Clinical and Professional Reference Group confirm and challenge **x6**	• Clinical and Professional Reference Group confirm and challenge **x7** • Options cross-system read-across **x2**
Primary Care	The Future of Services in North Derbyshire: A half-day visioning session with Clinicians, Professionals and Voluntary Sector **x1**	• Commissioning Delivery Group (CDG) in Hardwick CCG **x7** • Integrated Care Event (Hardwick CCG) **x1** • Clinicians Workshop (NDCCG) **x1** • QUEST Update (NDCCG) **x1** • Integrated Care and Social Care Group **x1** • Membership Locality Meetings **x50** • Practice Manager Meetings **x2**	• Commissioning Delivery Group (CDG) in Hardwick **x7** • Community Hub Working Group within each of the eight communities (representative GPs) to consider and develop alternative models of care **x73** • Special Locality Workshops **x6** • NDCCG Membership Workshop **x1** • Membership Locality Meetings **x50** • Practice Manager Meetings **x2**
HOSC & HWBB	Paper to Shadow HWBB x1	• Papers to HWBB and Core Group x3 and held Task and Finish Group **x1** • Regular updates to HOSC and Reports **x2**	• Regular updates and Papers to HWBB and Core Group **x2** • Regular updates to HOSC x4 and Special Meeting **x1**
Local council meetings	Events to launch vision and agree guiding principles x3	• Derbyshire Partnership Forum **x1** • Bolsover Partnership **x1** • Parish Council Liaison Group **x1** • Attended LAC **x5**	Attended LAC **x5**
Proactive press releases	30 (Ongoing)		
Tweets/Facebook posts	3,301 (Ongoing)		
Social media audience reach	119,947 (Ongoing)		
Video Views (You Tube)	3,945 (Ongoing)		
Stakeholder newsletter recipients	2,000 (Ongoing)		
Staff face to face	2,270 (Ongoing)		
Staff materials audience (newsletters, blogs..)	35,012 (Ongoing)		
E-news audience	12,263 (Ongoing)		

Vision

The Future of Services in North Derbyshire visioning event

1 session / 50 attendees

In October 2011 Derbyshire County PCT and Derby City PCT (the predecessor organisations to the four Derbyshire CCGs) as the organisations responsible for commissioning health care services, brought together a group of stakeholders from partner organisations in health and social care to think through what services in Derbyshire could look like in the future. Two specific questions were posed:

- How did services need to look different?
- What are the principles of working together for the future?

Key conclusions from this session were the health and care system needed to transform, rather than make small adjustments around the edges, to meet the changing needs of people within the available resource, and that a 'big bang' approach was required.

This session and the conclusions reached set the foundation for the 21st Century Programme.

Public launch events and questionnaire

3 sessions / 86 attendees* + 185 questionnaires*

From the very start there has been a commitment to working in partnership with local people and communities to develop safe and sustainable services that meet the changing needs of people within the resources available. To support these conversations with the public a document was produced that set out the case for change together with a draft set of nine principles. This document was developed in partnership with a lay reference group.

During 2012 Hardwick CCG and North Derbyshire CCG (in their shadow form), together with partner health and social care organisations, began engaging with the North Derbyshire community about the changing face of health and care provision and the draft principles. This was done through a combination of three public events and a questionnaire.

North Derbyshire Community	Venue	Date
1. Dronfield, Killamarsh and Eckington	b2net Stadium, Chesterfield	22nd May 2012
2. North Bolsover		
3. Chesterfield East		
4. Chesterfield Central		
5. South Hardwick		
6. Dales	Joseph Whitworth Centre, Darley Dale	24th May 2012
7. Buxton	Buxton	May 2012
8. High Peak		

Across the public events and the questionnaires there was a broad consensus of support for the principles, with two principles generating the most debate and comments. These two principles together with an overview of the key considerations are described below:

- 'Care is provided in the right place'
    - Great deal of support for achieving care closer to home
    - Many people recognise the need to travel for specialist services and accepted this as a reality, however still need to recognise relatives and older people may have difficulty travelling to such centres

    - Consideration needs to be given that for some hospital based care provides a level of security and confidence and for some an alleviation of loneliness
- 'Ensuring the best possible care for all'
    - Everyone should receive the same care
    - Need to ensure transparency about the financial constraint

From these meetings with the public and the questionnaire responses the original set of nine principles was revised to six Guiding Principles in light of the feedback:

- All services will be person-centred
- Care will be provided flexibly
- Assumptions will be challenged
- People will be treated with dignity and respect
- Services will be planned and delivered in partnership
- Healthy lifestyles will be promoted

These Guiding Principles have shaped and influenced proposed changes to the way care is currently delivered.

**Note these events and questionnaires were managed on a Derbyshire wide basis and therefore the subsequent evaluation was done on a county wide basis, therefore the activity numbers presented her are 'pro-rated' for North Derbyshire*

Lay Reference Group

8 meetings / c.30attendees per meeting

In addition to the larger public meetings and opportunities to complete the questionnaires, the Lay Reference Group was established. This group was transformed out of the Patient and Public Involvement Group supported by the former Derbyshire Primary Care Trust which evolved into a Joint ND CCG and Hardwick Integrated Care Reference Group and subsequently formed the Lay Reference Group focusing on the 21c Joined Up Care Programme.

Patient Reference Group

5 meetings / c.30attendees per meeting

Also in the Hardwick CCG area, a Patient Reference Group (PRG) was developed which again considered integrated care and how this should be shaped. 2 Members from this group became the Hardwick representatives on the Lay Reference Group.

Primary Care

1 session / 50 attendees

Clinicians, Professionals and Voluntary Sector representatives were invited to The Future of Services in North Derbyshire: A half-day visioning session. See details in the Derbyshire visioning event on page 6.

Health Overview and Scrutiny & Health and Well-Being Board

Paper to Shadow Health and Well Being Board x1

From inception the Chief Officers from both ND and Hardwick CCGs attended the shadow Health and Well Being Board. A paper was presented to this Board in May 2012. Partners were invited to the visioning session described above and to take part in testing the principles. So began the relationship with the HWBB and HOSC.

Summary of key messages coming from vision sessions and how feedback has been incorporated into proposals

Key messages	How has feedback been incorporated
Patient & Public	
Care provided in the right place • Great deal of support for care closer to home • People recognise the need to travel for specialist services • Need to recognise for some hospital care provides a level of security and confidence, and alleviation of loneliness	• Reflected in development of alternative options for delivering care / care models – particularly those for community bedded care and OPMH bedded care • Key element of financial assessment and modelling of options was to ensure additional social care support required was considered and included
Ensure the best possible care for all • Everybody should receive the same care • Need to ensure transparency about financial constraint	• The scope of the propels cover the whole of North Derbyshire • Financial challenge has been consistently described in case for change presentations and materials throughout the engagement with the public

Principles for future care delivery
• All services will be person-centred
• Care will be provided flexibly
• Assumptions will be challenged
• People will be treated with dignity and respect
• Services will be planned and delivered in partnership
• Healthy lifestyles will be promoted
	• The Guiding Principles have been used to:
	  • Inform and define the objectives that new care models should look to meet/deliver
	  • Define the appraisal criteria against which new options for care delivery were assessed

Clinical & Professional	
Scale of transformation • Transformation of the system required rather than small adjustments around the edges	• Reflected in the development of the North Derbyshire 'System Plan'. • The alternative models of care developed for consideration looked to break traditional siloed ways of working between organisations
Pace of transformation • A 'big bang' approach is required	• The new care models proposed cover the whole of North Derbyshire and present a step-change to the way some services are currently delivered

Case for change and emerging ideas

Public meetings

8 sessions / 175 attendees

Building on the events in previous years, eight public meetings were held in 2014 across North Derbyshire to continue to develop the dialogue around the changing health and care needs of the population, skills shortages, poor estate, financial pressures and the need for much more integrated working. These events also provided further opportunities to present the vision for a much more integrated health and care system and share emerging ideas for alternative ways of providing care.

North Derbyshire Community	Date
1. Dronfield, Killamarsh and Eckington	3rd June 2014
2. North Bolsover	13th and 17th November 2014
3. Chesterfield East	17th June 2014

4. Chesterfield Central	
5. South Hardwick	14th October and 7th November 2014
6. Dales	10th June 2014
7. Buxton	12th June 2014
8. High Peak	

A number of key themes for consideration emerged from these public meetings, covering:

- Prevention and self-management
- Caring for the elderly/re-ablement in community/at home
- Confidence in appropriate discharge
- Caring for patients with Dementia
- Urgent access to care
- Locations for service provision and accessibility

The feedback from these sessions has informed the development of the programme and proposed service changes.

Small voluntary, self help and advice groups, including protected and vulnerable groups

63 group meetings / c.1200 attendees

In addition to the larger public meetings numerous meetings were held with support and advice groups across the 8 communities to discuss the issues and challenges facing the health and care system in North Derbyshire. At these meetings, health and care system leads highlighted the challenges services were grappling with – changing needs of people where increasingly the ageing populations' needs are ongoing an d complex, skills shortages, poor estate, financial pressures and the need for much more integrated working – and listen to the views of those attending. These sessions also provided the opportunity for health and care leads to share successes already achieved and test emerging ideas for better ways of delivering health and social care. The table below shows the support and advice groups engaged within each of the 8 communities.

North Derbyshire Community	Support and Advisory Group
1. Dronfield, Killamarsh and Eckington	• NEL5 Network Meeting (Apr14, May14) • NDVA Forum (Apr14, Jul14) • Dronfield Medical Practice (Jun14) • Gosforth Valley PPG (Jun14) • Head and Neck Cancer Group (Jun14) • Headway (Aug 14) • Black and Ethnic Minority Forum (Sep14, Oct14) • Tinnitus Support Group (Oct14) • Healthwatch (Nov14) • Save Our NHS (Nov14) • Stubley Medical Centre PPG (Dec14) • Dronfield PPG Network (Feb15, Apr15) • North East PPG Network (Feb15, Apr15) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15)
2. North Bolsover	• South Normanton Health Information Point (Oct13) • Bolsover 50+ Forum (Dec13) • NEL5 Network Meeting (Apr14, May14) • NDVA Forum (Apr14, Jul14) • Sunnycroft Older People's Group (May14) • Head and Neck Cancer Group (Jun14) • Headway (Aug14) • Black and Ethnic Minority Forum (Sep14, Oct14) • Tinnitus Support Group (Oct14)

	• Healthwatch (Nov14) • Save Our NHS (Nov14) • Stavely Dementia Support Group (Nov14) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15)
3. Chesterfield East	• NDVA Forum (Apr14, Jul14) • Chesterfield Network PPG (May14, Feb15, Apr15) • Head and Neck Cancer Group (Jun14, Feb15) • Fairplay Chesterfield (Jun14) • Chesterfield 50+ Forum (Jul14) • Thursday Rendezvous Club (Jul14) • Headway (Aug14) • Black and Ethnic Minority Forum (Sep14, Oct14) • Hasland PPG (Sep14) • Tinnitus Support Group (Oct14) • Healthwatch (Nov14) • Save Our NHS (Nov14) • Chesterfield Macular Support Group (Feb15) • Chesterfield Deaf Club (Mar15, Jun15) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15) • Chesterfield deaf club (Jun15) • CRH PPI Group (Jun15)
4. Chesterfield Central	• NDVA Forum (Apr14, Jul14) • Newbold PPG (May14) • Chesterfield Network PPG (May14, Feb15, Apr15) • Head and Neck Cancer Group (Jun14) • Fair play Chesterfield (Jun14) • Chatsworth Road PPG (Jun14) • Remington Surgery PPG (Jun14) • Chesterfield 50+ Forum (Jul14) • Wheatbridge Medical Centre PPG (Jul14) • Thursday Rendezvous Club (Jul14) • Headway (Aug14) • Black and Ethnic Minority Forum (Sep14, Oct14) • Avenue House PPG (Sep14) • Tinnitus Support Group (Oct14) • Healthwatch (Nov14) • Save Our NHS (Nov14) • Chesterfield Macular Support Group (Feb15) • Chesterfield Deaf Club (Mar15, Jun15) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15) • Chesterfield deaf club (Jun15)
5. South Hardwick	• Shirebrook Health Information Point (Sep13) • Clay Cross 50+ Forum (Nov13) • NDVA Forum (Apr14, Jul14) • Head and Neck Cancer Group (Jun14) • Black and Ethnic Minority Forum (Sep14, Oct14) • Tinnitus Support Group (Oct14) • Healthwatch (Nov14) • Save Our NHS (Nov14) • Springs Medical Centre PPG (Nov14) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15)

6. Dales	• North Dales PPG Network (Apr14, Feb15, Apr15) • NDVA Forum (Apr14, Jul14) • Head and Neck Cancer Group (Jun14) • Friends of Whitworth (Jul14) • Bakewell Community Interest Group (Jul14) • Evelyn Medical Centre PPG (Jun14) • Baslow PPG (Jul14) • Dales Heart Group (Aug14) • Bakewell Parkinson's Group (Sep14, Oct14) • Black and Ethnic Minority Forum (Sep14) • South Dales Community Forum (Sep14) • North Dales Community Forum (Oct14, Nov14) • Tinnitus Support Group (Oct14) • Healthwatch (Nov14) • Save Our NHS (Nov14) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15)
7. Buxton	• NDVA Forum (Apr14, Jul14) • Fairfield Older Person's Club (Jul14) • Black and Ethnic Minority Forum (Sep14, Oct14) • Tinnitus Support Group (Oct14) • Healthwatch (Nov14) • Save Our NHS (Nov14) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15)
8. High Peak	• NDVA Forum (Apr14, Jul14) • Tideswell PPG (May14) • High Peak Prostrate Cancer Group (May14) • Head and Neck Cancer Group (Jun14) • High Peak PPG (Jun14, Feb15, Apr15) • New Mills Wives Group (Jun14) • Black and Ethnic Minority Forum (Sep14, Oct14) • Tinnitus Support Group (Oct14) • Healthwatch (Nov14) • Save Our NHS (Nov14) • MASH – Mental health group (Jun15) • Macmillan Cancer event (Jun15) • Send reform workshop (Jun15) • ND Voluntary Action Forum (Jun15)

Lay Reference Group

12 meetings / c.30attendees per meeting

In addition to the larger public meetings and the smaller group sessions, the Lay Reference Group met monthly through 2014 to discuss the case for change and the emerging ideas, and provided feedback to the Programme. This group acted as critical friends throughout the duration of the development work adding patient perspective and local knowledge to the debate.

Patient Reference Group

5 meetings / c.30attendees per meeting

Also members of the Patient Reference Group (PRG) took part in the larger public meetings and the smaller group sessions. PRG members regularly contributed to the integrated care development and helped shape the teams and other local initiatives. Two members from this group fedback and added to the case for change debate on the Lay Reference Group.

Clinical and Professional Reference Group (CPRG)

6 meetings / c.15 attendees per meeting

A key component of the clinical and professional engagement approach for the 21st Century Programme and the proposals for change within it is the North Derbyshire Clinical and Professional Reference Group (CPRG). This group meets monthly and is attended by the clinical leads from both commissioner and provider healthcare organisations as well as professional leadership from Adult Social Care. CPRGs core purpose is to act as a confirm and challenge group providing clinical and professional recommendation to the Programme Delivery Group. This group has been pivotal in the development and consideration of the case for change and emerging ideas for service redesign. An overview of the sessions where these areas were discussed is provided below.

CPRG meeting date	Topics discussed and agreed
14th May 2014	• Draft 'System Plan' case for change • Potential scale of impact of change
5th June 2014	• The future shape of the system • Consequences of the future shape (£, activity, beds)
3rd July 2014	• Prioritisation of the initiatives to deliver the system plan
4th September 2014	• Status of priority initiatives • Roadmap for delivery
2nd October 2014	• Review aim and purpose of priority initiatives/workstreams
6th November 2014	• Approve the case for change for the Community Hubs workstream

East Midlands Clinical Senate

1 session

Initial contact was made with the East Midlands Clinical Senate by commissioners in December 2014. Discussions took place in March and April with final clarification of the scope of the request confirmed in May 2015.

In June 2015 the East Midlands reviewed the case for change and planned approach to the development of community hubs, and were asked to consider the following questions:

- Is the vision in North Derbyshire for developing the options for integrated out of hospital based care, based on sound evidence and best practice?
- Does the local evidence base and modelling assumptions support the proposed scale of change in relation to community based bedded care?

The East Midlands Clinical Senate panel supported the view that the vision in North Derbyshire for developing the options for integrated out of hospital based care is based on sound evidence and best practice. The panel also supported the view that the local evidence base and modelling assumptions support the proposed scale of change in relation to community bedded care.

As well as supporting the two recommendations above the panel did raise two points that would need further consideration and continue to review as the programme develops:

- Caution was recommended in respect of the impact that community based interventions have on reducing the levels of emergency admissions to hospital, particularly for frail older people.
- Substantial workforce change is required on a number of levels to realise the proposed model. Significant amounts of care and its associated workforce will need to move from hospital into the community. Alongside this there will need to be a significant change in capability and competencies.

These points have been considered and incorporated into the programme.

Primary Care

70 Meetings / c. Between 2 and 80 attendees at each meeting

GPs contributed to the developments from the beginning in a range of ways. This included Clinical Workshops, a special Integrated Care Event in October 2014 and regular updates at NDCCG Locality Meetings and Hardwick Commissioning Delivery Group. In NDCCG, 2 representatives from each practice attended their locality meetings on a monthly basis, in total there were 5 localities across the NDCCG area. Similarly, Hardwick GP's attended a Commissioning Delivery Group (CPD) again on a monthly basis where all 16 practices were represented.

Health Overview and Scrutiny & Health and Well-Being Board

6 sessions / c. 15 County Councillors

During 2014, the Health Overview and Scrutiny Committee have been continually updated and contributed to the wider debate for the case for change from the perspective of local people. They held the CCGs to account by considering the case for change and emerging ideas and the potential impacts on local communities in order to improve health and social care outcomes through better integrated care.

Equally, the Health and Wellbeing Board and Core Group regularly updated and contributed to the larger transformation debate. A special workshop was held on 13th September 2013 with the Board to help members to understand and contribute to the case for change and to identify challenges and opportunities associated with integration. A Task and Finish Group was set up to develop a shared narrative and purpose for achieving greater integration in Derbyshire. This Group considered challenges around capacity, geography, scope, finance and service configuration. Findings were presented to the Board in December 2013 which helped to secure a shared approach.

Summary of key messages coming from case for change and emerging idea sessions, and how feedback has been incorporated into proposals

Key messages	How has feedback been incorporated into proposals
Patient & Public	
Vision and Principles • Stakeholders agree this as the right direction of travel; services should be more joined up. • Stakeholders agree with the principles • Solutions must not just focus on 'most at risk' • Need to agree finance will not hinder joined up care for the patient	• Reflected in 5 year system plan and case for change • Principles used to inform criteria used to assess options for alternative models of care. • Financial analysis and Commissioning and Contracting Principles agreed
Prevention and Self-management • Need to understand the barriers of self-management • Patients need to have a choice in the type of self-management and support • Need to build and promote community spirit	• Prevention and self-management is a key element of 5 year System Plan • 3 workstreams within the overall programme focus in this area: i) Social Capital ii) Care Plans iii) Proactive Care • Recognition that 'Community Hubs' must support prevention and self-management
Caring for the elderly/re-ablement in community/at home • Supportive/agree with approach • To deliver requires reliable and continuous support in the community. • Small teams, with multiple skills, to manage continuity of care are most appropriate • Key requirement is proximity to home – to be based in a location that is accessible to friends and family for visiting • Carers needs must be monitored and	• Reflected in alternative care models • Addressed in workforce planning for proposals and outline implementation plan • Reflected in risk assessment and system resilience planning • Reflected in Derbyshire County Council's 'Direction of Travel: Carers' Strategy 2015-2018'

maintained • Respite for carers should be considered if there was to be a reduction in hospital care since they would be more heavily relied on. • Need to offer a befriending service to provide additional social contact • Concerns about deliverability given current problems with capacity of care staff	
Confidence in appropriate discharge • Should be streamlined process by which patients are gently introduced to returning home • Carers should be well informed and also be introduced to the patient in the hospital environment to help build relationships	• Reflected in alternative care models • Reflected in Derbyshire County Council's 'Direction of Travel: Carers' Strategy 2015-2018'
Caring for patients with dementia • Where possible, mainstream services should be used. • There should be structured guidelines for those with dementia and that patients should be flagged as having dementia (based on data protection policies). • Funding should be ring fenced for the specific care of dementia patients. • Respite is key for those who receive care at home • Supportive of having specialist support and centres for both patients and families of dementia patients, also for the provision of dementia home services that are linked to specialist centres.	• Reflected in alternative care models • Fed into Mental Health commissioners and providers for consideration and resolution where necessary/appropriate
Urgent access to care • A one-off appointment is acceptable. Provided that continuity of care was provided and that patients were able to get appointments when they needed one • Other resources and social care should be explored since seeing the GP may not always be the correct pathway. • Need to have a balance between gatekeeping and assessing someone to guide them to the most appropriate services	• Reflected in emerging Access to Urgent Care Strategy • To be addressed in final Urgent Access to Care strategy
Locations/Accessibility • Benefit of having services in same place especially as more than one appointment is often needed for the same issue • Having centralised care in one place in a community is good, however need to be physically accessible to people	• Considered when developing Community Hub concept • Reflected in options appraisal criteria • Bespoke location/site scoping and analysis undertaken
Clinical & Professional	
• Support from East Midlands Clinical Senate that the vision in North Derbyshire for developing the options for integrated out of hospital based care is based on sound evidence and best practice • Support from the East Midlands Clinical Senate that the local evidence base and modelling assumptions support the proposed scale of change in relation to community bedded care	• Reflected in materials used to engage with public • Reflected in alternative options for care • Reflected in activity planning assumptions for alternative care models
• Caution advised in respect of the impact that	• Reflected in emerging Access to Urgent Care Strategy

community based interventions have on reducing the levels of emergency admissions to hospital, particularly for frail older people	• To be addressed in final Urgent Access to Care strategy • Addressed in Frailty Service workstream and Reactive Care workstream planning
• Substantial workforce change is required on a number of levels to realise the proposed model	• Addressed in workforce planning for proposals and outline implementation plan

Co-create alternative care models

Community Working Groups within each of the 8 communities

73 group meetings / c.80 participants involved throughout process

A the heart of the approach to developing alternative care models has been the Community Hub Working Groups within each of the 8 communities across North Derbyshire. Each group had patient, voluntary sector, clinical, professional and managerial representation from across health and social care. Each group within each community met nine times between December 2014 and April 2016 to consider the vision for future health and care services, refine the case for change, and develop alternative care models.

North Derbyshire Community	Meeting 1	Meeting 2	Meeting 3	Meeting 4	Meeting 5	Meeting 6	Meeting 7	Meeting 8	Meeting 9
1. Dronfield, Killamarsh and Eckington	Dec 14	Jan15	Feb15	Mar15	Apr15	May15	Aug15	Oct15	Feb16
2. North Bolsover	Dec 14	Jan15	Feb15	Mar15	Apr15	Jun15	Jul15	Oct15	Feb16
3. Chesterfield East	Jan15	Jan15	Feb15		Apr15	Jun15	Aug15	Oct15	Feb16
4. Chesterfield Central	Jan15	Feb15	Mar15	Mar15	Apr15	May15	Aug15	Oct15	Feb16
5. South Hardwick	Dec15	Jan15	Feb15	Feb15	Apr15	May15	Aug15	Oct15	Jan16
6. Dales	Jan15	Jan15	Feb15	Feb15	Apr15	May15	Aug15	Oct15	Jan16
7. Buxton	Jan15	Jan15	Feb15	Feb15	Apr15	May15	Aug15	Oct15	Feb16
8. High Peak	Jan15	Feb15	Feb15	Feb15	Apr15	Jun15	Jul15	Sep15	Feb16

Community focus group events and open public meetings

12 sessions / 562 attendees

Further engagement took place in early 2015 across the eight communities through a combination of community focus groups and open public meetings.

Four community focus groups were held across North Derbyshire. These were not open public sessions, members of the public and patients were invited who had heard the case for change and understood the proposed direction of travel. These sessions built on the earlier meetings with the support and advice groups by further refining the case for change and sharing emerging ideas on alternative ways of providing care to better meet the needs of local people.

These sessions also provided an opportunity to test and share the criteria to be used to appraise the options for any new models of care and gain advice and ideas about the best way to engage the wider public in open sessions.

North Derbyshire Community	Date
1. Dronfield, Killamarsh and Eckington	2nd February 2015
2. North Bolsover	
3. Chesterfield East	5th February 2015
4. Chesterfield Central	

5. South Hardwick	2nd February 2015
6. Dales	2nd February 2015
7. Buxton	3rd February 2015
8. High Peak	

In addition to the focus group sessions, eight open public meetings were held in each community. The purpose of these events was to engage a wider range of members of the public to discuss the direction of travel. These sessions provided attendees with an opportunity to further understand the reasons for change and the alternative care models developed by the Community Hubs Working Groups in the 8 communities. Attendees were encouraged to provide feedback, especially identifying areas for improvement. Real examples were shared by means of a 'market stall' at each of the meetings about how the NHS and Adult Social Care are already working together to deliver services either in people's homes or much closer to their homes in a more integrated way.

North Derbyshire Community	Date
1. Dronfield, Killamarsh and Eckington	17th March 2015
2. North Bolsover	18th March 2015
3. Chesterfield East	4th March 2015
4. Chesterfield Central	16th March 2015
5. South Hardwick	9th March 2015
6. Dales	12th March 2015
7. Buxton	3rd March 2015
8. High Peak	10th March 2015

A number of key themes for consideration emerged from the focus group and public meetings, covering:

- Community Hubs and networks
- Bedded Care
- Urgent access to care

The feedback from these sessions has informed the development of the programme and proposed service changes.

Lay Reference Group

8 meetings / c.30attendees per meeting

The Lay Reference Group has been a consistent and thorough critical friend particularly in the stages of co-creation of alternative models. They regularly gave their patient insights to the developing models and suggested the pros and cons of different options.

Two representatives took part in the both of the cross-system reviews which took place as part of the options development process.

Again patient representatives from Hardwick's PRG were involved in the shortlisting workshops.

Clinical and Professional Reference Group (CPRG)

7 meetings / c.15 attendees per meeting

In addition to supporting the development of the case for change, the North Derbyshire Clinical and Professional Reference Group has been pivotal in the co-creation of alternative care models. An overview of the sessions where these were discussed is provided below.

CPRG meeting date	Topics discussed and agreed
4th December 2014	• Draft blueprint for urgent access to care
8th January 2015	• Community bedded care principles
9th April 2015	• Community bedded care proposals
15th September 2015	• Draft proposals for urgent access to care • Model of care for Community Rehabilitation and OPMH beds
1st October 2015	• Conclusions from 'cross-system' evaluation of alternative community bedded care models • Proposed developments to Learning Disabilities services
11th November 2014	• Further consideration of Dementia Rapid Response Team care model • Draft proposals for urgent access to care
4th February 2016	• Quality Impact assessment for proposed changes

Cross-system evaluation of short list of options

2 workshops, 56 people

A core component of the process to identify preferred alternative models of care has been two 'cross-system' evaluation workshops.

The first of these took place on 17th September and focused on an evaluation of the short list of options for community bedded care and OPMH beds. A total of 26 people attended this session.

Organisation	Managerial	Clinical	Vol. Sector	Lay Rep	Total
DCC Adult Care	3				3
Chesterfield Royal Hospital	1				1
DCHS FT	3	1			4
Derbyshire Healthcare FT	1	1			2
North Bolsover GP		1			1
Chesterfield East & West GP		1			1
South Hardwick GP		1			1
Dales GP		1			1
Buxton GP		1			1
High Peak GP		1			1
Hardwick CCG	2	1			3
Lay Rep				2	2
North Derbyshire Voluntary Action			1		1
North Derbyshire CCG	2	1			3
Voluntary and Community Services Peaks and Dales			1		1
TOTAL	**12**	**10**	**2**	**2**	**26**

The second session took place on the 13th January to consider the site implications of the proposed changes to the way community rehabilitation beds and dementia care is provided. A total of 30 people attended this session.

Organisation	Managerial	Clinical	Vol. Sector	Lay Rep	Total
DCC Adult Care	3				3
Chesterfield Royal Hospital	2				2
DCHS FT	3	1			4
Derbyshire Healthcare FT	2	1			3
Dronfield, Eckington and Killimarsh GP		1			1
North Bolsover GP		1			1
Chesterfield East & West GP		1			1
South Hardwick GP		2			2
Dales GP		1			1
Buxton and High Peak GP		1			1
Hardwick CCG	4				4
Lay Rep				2	2
North Derbyshire CCG	4				4
Voluntary Sector			1		1
TOTAL	**18**	**9**	**2**	**2**	**30**

Primary Care

66 meetings / c. Between 2 and 80 attendees at each meeting

Pivotal to the shaping of the options has been the intensive programme of community hub workshops; explained earlier. These workshops involved a range of stakeholders including representative GPs from each of the 8 communities.

In addition, locality meetings have continued on a monthly basis in 5 localities in the NDCCG area and the Commissioning Delivery Group in Hardwick has met monthly with representatives from each 16 practices. During this time, local collaboration and partnership working has continued to evolve and has contributed to shaping the options in terms of the challenges and opportunities identified in communities by GPs. This local knowledge has been invaluable in option appraisals.

In addition, locality workshops have been run in May 2015 where Practice managers and GPs have again shared their thoughts on the emerging options and a Membership Workshop held on 14th October 2015.

Health Overview and Scrutiny & Health and Well-Being Board

4 sessions with HOS and 3 sessions with HWB

Continuing the relationship developed over the last 3 years, both HOSC and HWB have taken an active role in contributing to the debate and acting as a critical eye to the development of alternative care models. In particular, Councillors were supportive of the case for change and the direction of integrated care but wanted to be assured that the workforce would be able to support people in the community.

Local Area Committee

9 meetings

A number of sessions have been held with the Local Area Committees in the communities to discuss the case for change, vision for the future health and care system and alternative approaches for delivering care.

North Derbyshire Community	Local Area Committee	Date
1. Dronfield, Killamarsh and Eckington	NE Derbyshire	29 September 2015 15 December 2015
2. North Bolsover	Bolsover	9 September 2015 25 November2015
3. Chesterfield East	Chesterfield	22 September 2015 22 December 2015
4. Chesterfield Central		
5. South Hardwick		29 September 2015 15 December 2015
6. Dales	Derbyshire Dales	16 September 2015 14 December 2015
7. Buxton	High Peak	21September 2015 7 December 2015
8. High Peak		

Summary of key messages coming from developing alternative care model sessions, and how feedback has been incorporated into proposals

Key messages	How has feedback been incorporated into proposals
Patient & Public	
Community Hubs / Networks • Support for the idea of Community Hubs/Networks • Concept seen as a positive step to strengthening community relationships • Needs to be flexible as 'one size does not fit all'	• Reflected through Community Hub concept and alternative care models • Reflected in options appraisal process • Addressed in financial appraisal

• Much emphasis places on the need for care coordination and the role of care coordinators • Mental Health provision must be included • Some perceive community hubs to be physical locations, whereas other view the concept as a network of community resources • There was support for having all health and social care provision in one physical location or on one site • If community hubs are physical locations they should be fit for purpose • Community hubs/networks should be easily accessible and in the heart of the community, with consideration of disabilities being taken into account • There should be consideration of public transport • Virtual hubs could be based around GP surgeries • Requires adequate consideration of budgets across multiple providers	• Addressed in workforce planning • Fed into Community Support Team and Integrated Care Team workstreams • Fed into workforce group • Bespoke location/site scoping and analysis undertaken
Bedded Care • Agree with approach of providing more joined up community services to avoid the need for unnecessary bedded care • Enabling people to remain at home where possible is a good solution • Must consider whether current community bed resource is fully utilised • Concern there will be insufficient beds available at peak times • Role of community hospital queried – services should be more adaptable to wrap around the patient rather than dictated by buildings • Right community infrastructure needs to be put in place in a timely and systematic way so changes are not rushed • Important to have some types of community beds • People should be discharged to be assessed • Access to bedded care should be available in the right place 24/7 • Beds can be commissioned from a range of settings • Befriending services can support more out of hospital care	• Reflected in alternative bedded care model • Addressed in workforce planning and implementation plan • Reflected in risk assessment and escalation planning • Addressed in considerations of sites for delivery • Reflected in Derbyshire County Council's 'Direction of Travel: Carers' Strategy 2015-2018'
Urgent Access to Care • Common concerns regarding use of 111 service • Opportunity to establish single point of access between health and social care • A local telephone number for a single point of access may be preferential • For chronic long term issues 'central' numbers may not be appropriate, ongoing relationships and care is key for these groups • Call handler access to care records Is key • Access to urgent care, in particular GP appointments, is not easy • Multiple access point to urgent care is confusing and fragmented • Tele-health should be explored further, particularly for rural areas • As well as a single telephone point of contact, there is support for a single physical place that provides walk-in urgent care	• Reflected in emerging Access to Urgent Care Strategy • To be addressed in final Urgent Access to Care strategy
Clinical & Professional	
These key messages are from the 1st cross-system evaluation which also had members of the voluntary sector and lay reps present	• Reflected in choice of preferred alternative care model

• 'Centre of Excellence' seen to out-way increased travel time for a limited number of patients • Need to find best balance between local and specialist • From carers/relatives perspectives additional travel time could be justified when more specialist care is required in a dedicated unit • Further consideration of home support workers required going forward	
These key messages are from the 2nd cross-system evaluation which also had members of the voluntary sector and lay reps present • All community hospital sites should be included in the business case to give a fair and transparent position to the public • Consideration of site implications was a consequence of the preferred new models of care and ongoing improvements • Agreement that there would not be firm alternatives to re-house services currently delivered from the affected sites as the intention was for these to continue to develop as part of the ongoing process	• Reflected in conclusions made around impact on sites • Reflected in Pre Consultation Business Case

Ongoing communications and engagement

Throughout the development of the 21c programme communication continues to be a very important element of the system transformation. Health and Social Care communication and engagement staff have co-produced communication materials and key messages, which have been made available across a wide media range and delivered in many different formats, giving all types of people living and working in North Derbyshire the opportunity to get involved.

Staff from the 9 partner agencies have been kept informed and involved in the shaping of the 21C Programme changes on a regular basis electronically and through face to face briefings. Many have also taken part in the stakeholder meetings and have acted as scribes and facilitators at the public meetings.

Activity	Total to date
Communication	
Proactive press releases	30
Reactive statements	0
Website visitors	3,301
Tweets/Facebook posts	244
Social media audience reach	119,947
Video Views (You Tube)	3,945
Stakeholder newsletter recipients	2,000
Engagement	
Staff face to face	2,270
Staff materials audience (newsletters, briefings, blogs…)	35,012
Members Action Group	60
Community Outreach audience (street campaign)	748
E-news audience	12,263
Foundation Trust Membership audience	32,000