

Joined Up Care Derbyshire

Thursday 24 June 2021

Welcome to Derbyshire Dialogue

Integration of care across Derbyshire
Improving the health of you, your family and your community



Giving the presentation today



Dr Chris Clayton

Accountable Officer & Chief Executive, NHS Derby and Derbyshire CCG
Executive Lead, Joined Up Care Derbyshire



John MacDonald

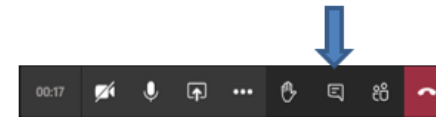
Independent Chair – Joined Up Care Derbyshire

Facilitated by Katy Hyde and Miriam Doherty, JUCD Involvement Team

Virtual meeting house rules

There's a large number of people at this meeting today. To help make it an effective meeting:

- Everyone's microphones will be turned off so the presenters can deliver a presentation that everyone can hear
- We ask that questions are put in the chat box
- We will answer as many questions as we can at the end of the presentation
- Unanswered questions will be answered post-meeting and emailed out to everyone who registered



Our session today

- Look at what is meant by the term 'integrated care system' also referred to as an 'ICS'
- Look at the ways health, care and wellbeing improve when the NHS, councils, other sectors, communities, and citizens all work together
- Talk to you about some of the things we are planning to do as an ICS
- Talk to you about all the ways you can get involved in the development of the ICS in Derbyshire
- Session will be recorded and shared widely so others can benefit from the presentations given today

Who's heard of Joined Up Care Derbyshire?

If you've heard of Joined Up Care Derbyshire before finding out about this session today please give a 'thumbs up' to the comment in the chat function.



The partnership of Joined Up Care Derbyshire

Organisations that commission health services:

- NHS Derby and Derbyshire Clinical Commissioning Group

Organisations that provide public services and social care:

- Derby City Council
- Derbyshire County Council

Organisations that provide healthcare services:

- Chesterfield Royal Hospital
- Derbyshire Community Health Services
- Derbyshire GP Alliance
- Derbyshire GP Alliance & GP Task Force
- Derbyshire Healthcare
- DHU Health Care
- University Hospitals of Derby and Burton
- East Midlands Ambulance Service

Our journey towards becoming an ICS

- Sustainability & Transformation Partnerships (STPs) formed in 2016 to increase collaboration between those responsible for health and care services – Joined Up Care Derbyshire was born
- Our first STP plan was submitted in October 2016
- Our refreshed plan – in line with the NHS Long Term Plan – due to be published in 2020 was delayed due to the pandemic
- In January 2021 Joined Up Care Derbyshire was authorised as an ICS

Joined Up Care Derbyshire as an ICS

- This way of working isn't new
- Aim was to break down barriers and disjointed care between services and develop long term plans for the future of health and care services
- Becoming an Integrated Care System will:
 - build on the work already started
 - change the way health and care services in Derbyshire are planned, paid for, and delivered.
- Let's look now at what an Integrated Care System is

Derbyshire's Integrated Care System (ICS)



How our health, care and wellbeing improve when the NHS, councils, other sectors, communities, and citizens all work together

What do we mean by an 'integrated care system'?

- A partnership of local councils and other sectors such as the fire and rescue service, police, voluntary sector and different parts of the NHS in Derby and Derbyshire, such as hospitals, family doctors, urgent treatment centres and mental health teams, working together to improve the health and wellbeing of Derbyshire's citizens
- Not currently a legal entity, but it's expected to be by April 2022
- Collaboration will be governed by legislation rather than good will

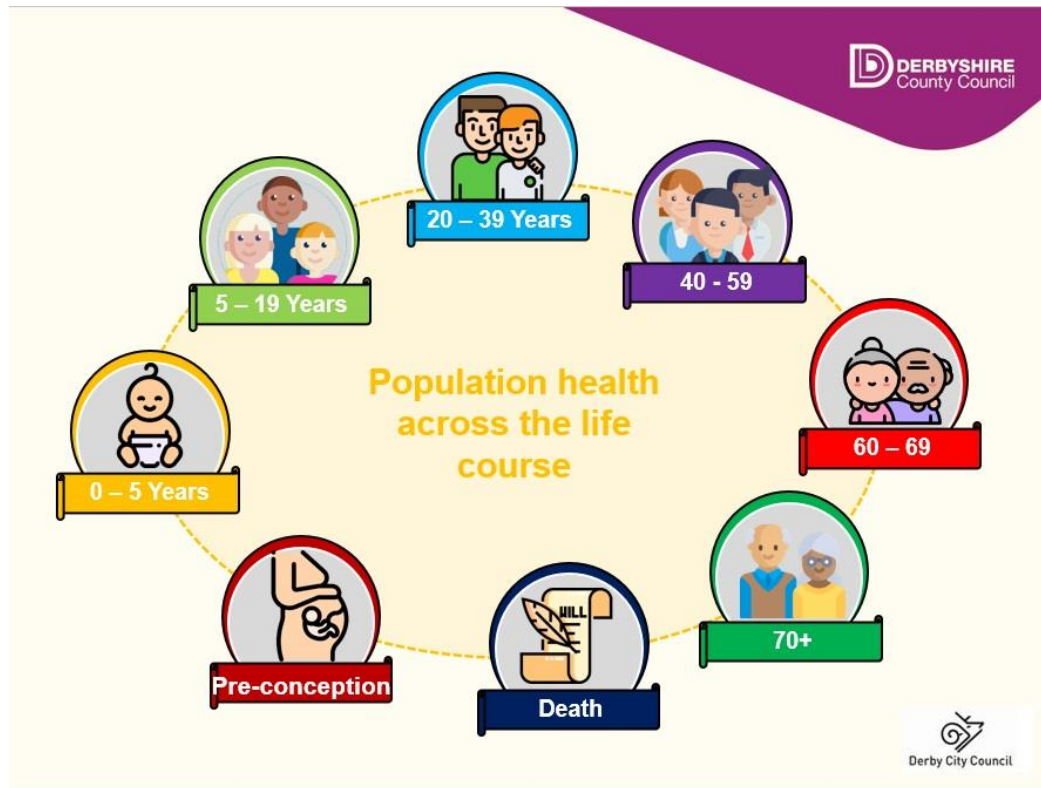


Why is joined up care important?

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Reducing health inequalities and increasing healthy life expectancy

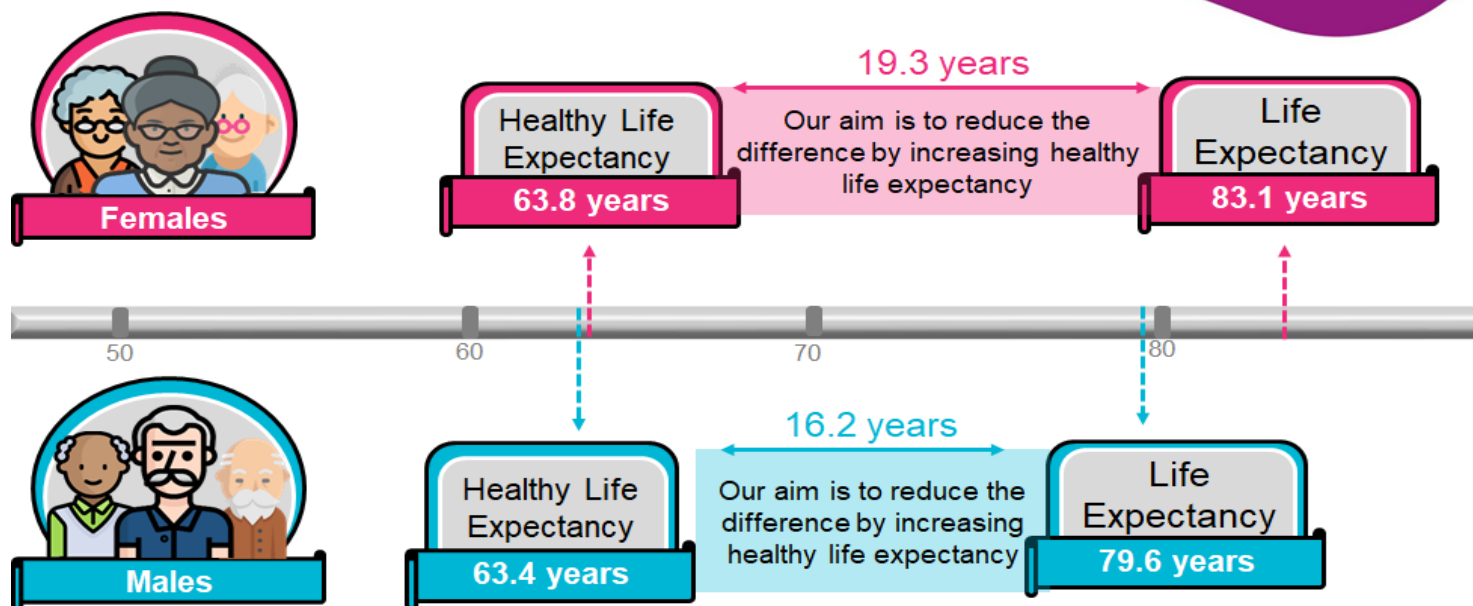


Health inequalities – key areas:

- Urgent care including COVID /Non-COVID disease and care
- Cancer & elective care (including diagnostics)
- Mental health and learning disability
- Winter preparedness and delivery

Reducing health inequalities and increasing healthy life expectancy

What does Healthy Life Expectancy mean?



England 2015-17, Fingertips



Definitions

Life expectancy: Estimated number of years a person would expect to live

Healthy life expectancy: Estimated number of years a person would expect to live in good health

For a detailed definition please consult [fingertips.phe.org.uk](https://www.fingertips.phe.org.uk)

Our priority areas

- Cardiovascular disease, i.e. heart disease, stroke
- Respiratory disease, e.g. Asthma, Chronic Obstructive Pulmonary Disease (COPD), and Emphysema
- Cancer
- Musculoskeletal disease e.g. back pain
- Mental health

RISK FACTORS FOR CVD



What makes and keeps us well?



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

While this is from a US context it does have significant resonance with UK Evidence, though I would want to increase the contribution of housing to health outcomes from a UK perspective.

Model of care



Prevention:

Ensuring that illness is prevented wherever possible. People are helped to stay well, manage their own health, and recognise the importance of identifying symptoms early on, so they can lead happier and healthier lives.



Community:

Ensuring where illness cannot be prevented it is treated in the community and primary care (for example, at your local GP surgery). This will ensure that people are increasingly cared for in their own home, and remain independent for as long as possible.



Secondary care treatment:

If care is required in hospital, it is important that treatment is provided without having to stay in hospital as an inpatient wherever possible.



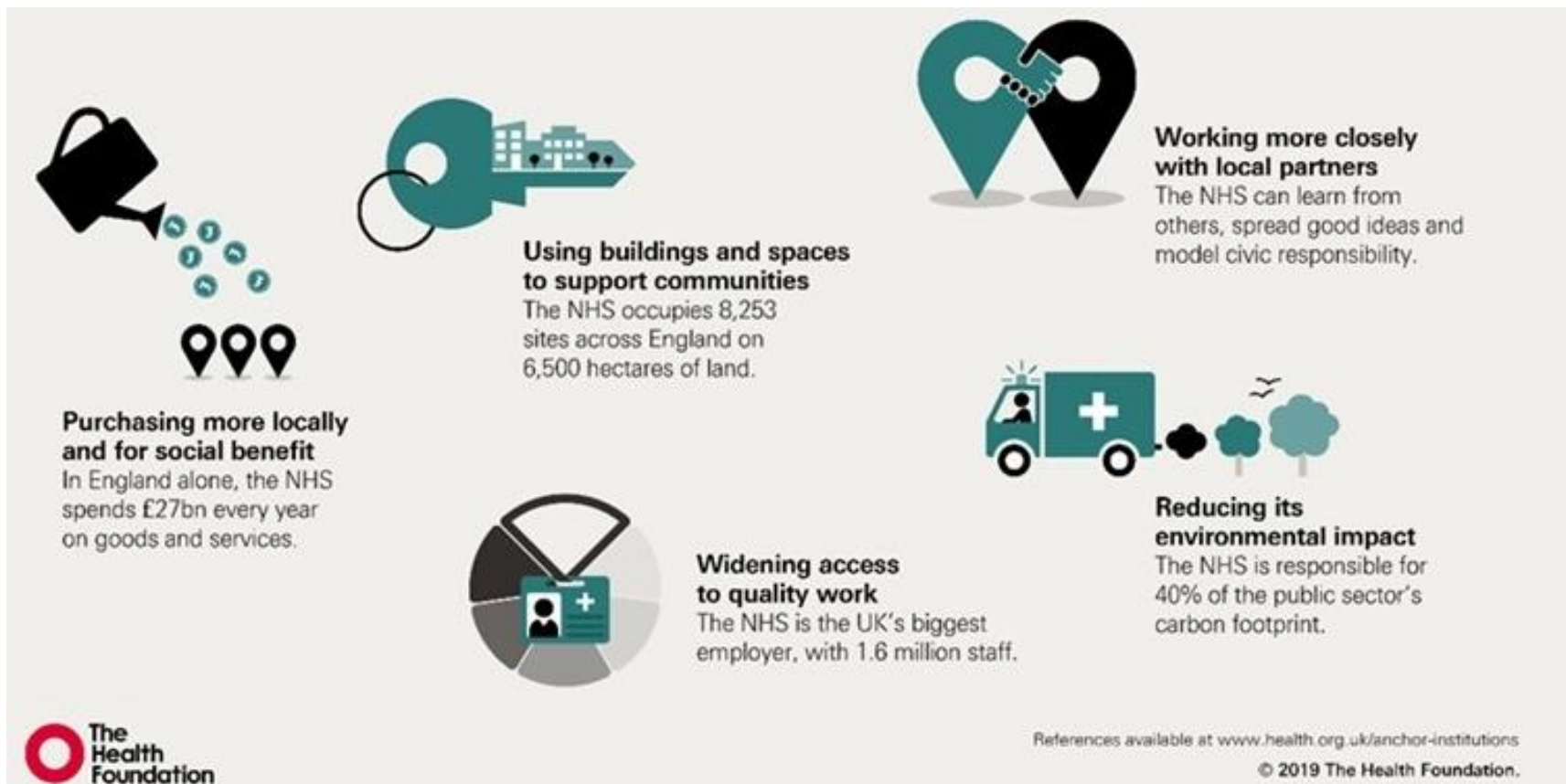
Support to go home:

If an inpatient stay is needed, when people no longer need a hospital bed it is important they are supported to return home as soon as possible.

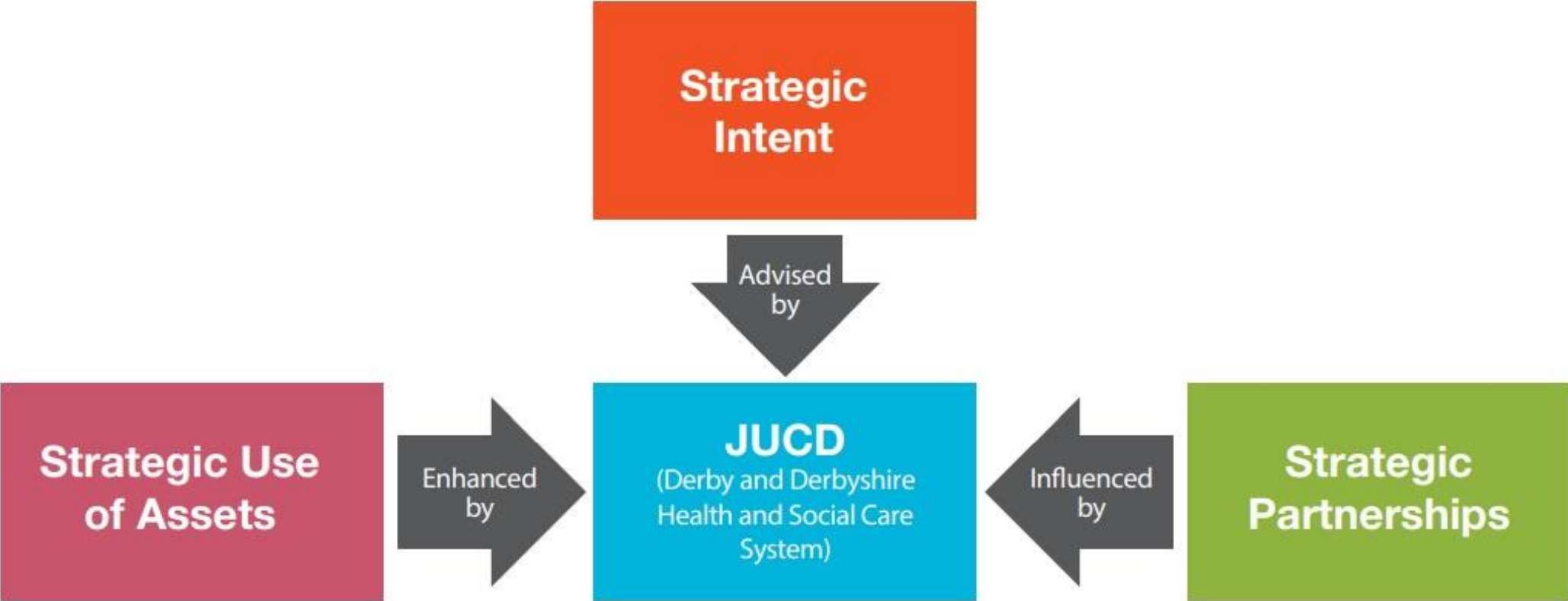
The NHS and local authorities as 'anchor institutions'

- Large, usually non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the local populations they service
- NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to people by:
 - ✓ Working more closely with local partners
 - ✓ Using buildings and spaces to support communities
 - ✓ Purchasing more locally and for social benefit
 - ✓ Working more closely with local partners
 - ✓ Reducing its environmental impact

The NHS as an 'anchor institution'

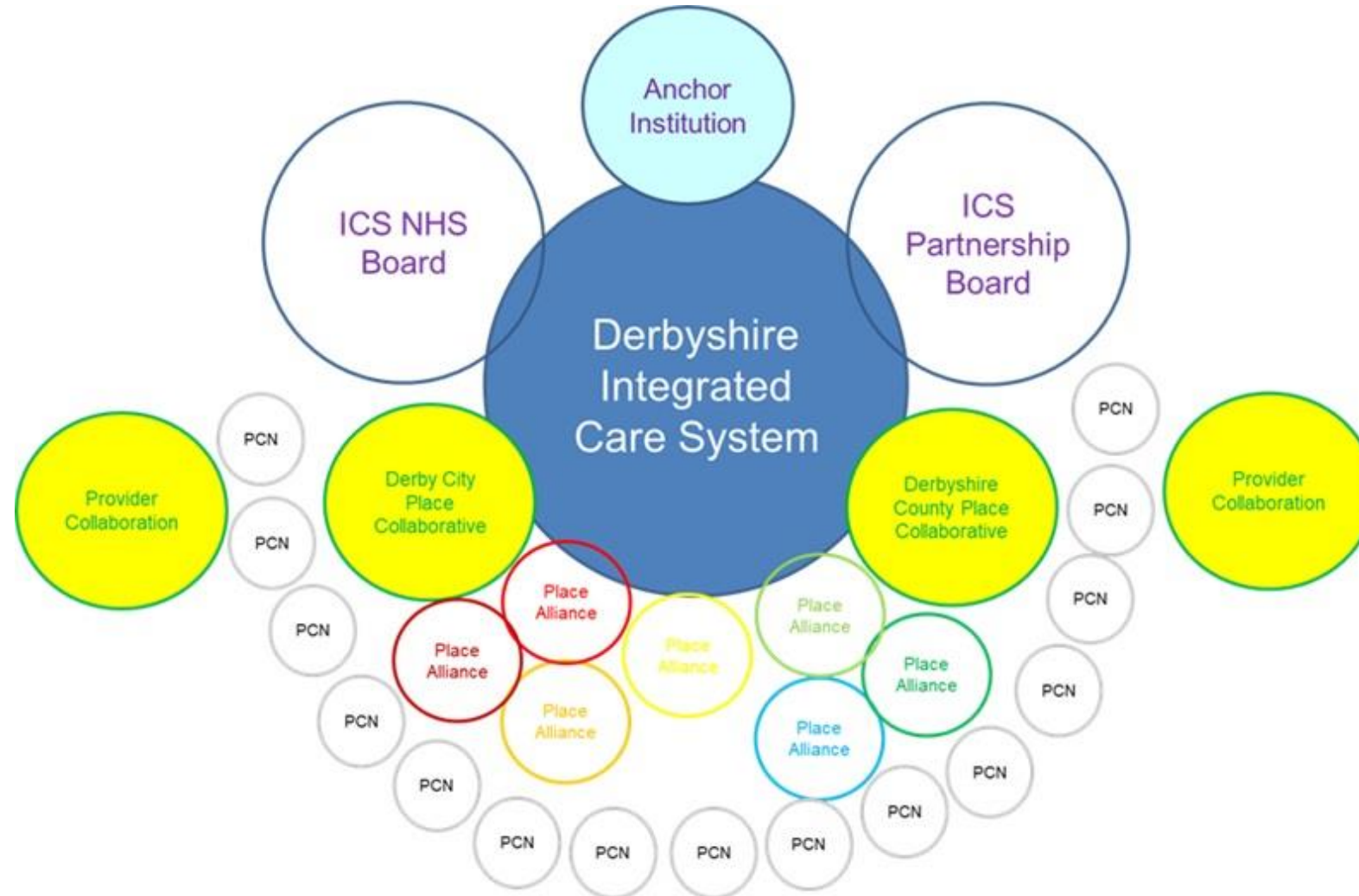


How we will make this happen:
the functions driving the Integrated Care System



How we will make this happen: building blocks

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Role of the ICS NHS Board

The ICS NHS body will be responsible for the day to day running of the ICS, and NHS planning and allocation decisions. It will be responsible for:

- developing a plan to address the health needs of the system;
- setting out the strategic direction for the system; and
- explaining the plans for both capital and revenue spending for the NHS bodies in the system.

Role of the ICS Partnership Board

- Made up of a wider group of organisations than the ICS NHS Body
- Tasked with promoting partnership arrangements, and promoting collaboration
- It will develop a plan to address the health, social care and public health needs of the system. The ICS NHS Body and local authority would have to have regard to this plan

Role of Place Partnerships

- Build relationships with communities and work with them to create a shared purpose for Place, and shared priorities. To ensure we are listening to local people as a system, not as individual organisations.
- Redesigning local services where appropriate
- Join up care pathways across the NHS, local government, and VCS services
- Support the development of the Primary Care Networks (PCN's)
- Develop multidisciplinary teams
- Deliver preventive interventions for people with complex care needs.

Role of Provider Collaboratives

Similar types of provider organisations work together to deliver a common set of shared objectives to achieve:

- higher quality services
- reduced unwarranted variation
- reduced health inequalities
- better workforce planning
- more effective use of resources
- enhanced productivity and sustainability
- increased resilience.

Embedding strong engagement, at the heart of decision

It's imperative that patients, service users, communities and staff are involved and their voices heard to inform planning and decision-making.

- Public Partnership with our Board
- Future Derbyshire Dialogue session on this topic.

Questions



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Thank you

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Enabling the best start in life, living well, ageing well and dying well

