Changing health and care needs

Our health and care needs are changing:

- People are living longer but not always in good health. Conditions that would have been fatal in the past, such as heart or breathing problems, can now often be managed with on-going treatment
- People’s preferences for care are changing with more people opting for care at home, or close to home in their own communities
- GPs (local doctors), accident and emergency (A&E) and social care, (providing services such as home care or residential care services), are in greater demand than ever before
- As the level of demand for care increases, so does the need for staff. There are recruitment challenges and skills shortages among important groups of staff such as GPs, nursing, some specialist roles in hospital, and in social care. There are particular pressures in some roles where large numbers of staff are approaching retirement
- Some services are being provided from old, impractical buildings, unsuitable for modern health care
- New medicines and advances in use of technology like video consultations and phone apps are changing the way people are diagnosed and treated
- There are big differences in health and how long people can expect to live within parts of Derbyshire. Life expectancy varies by as much as 13.5 years across different districts and boroughs.¹

Currently our health and care is provided by lots of separate but linked organisations. Old divides between hospitals and family doctors, between physical and mental health, and between NHS and council services, mean that too many people are experiencing disjointed care. For example, if you have a long-term condition or several long-term conditions, you will have to navigate lots of different organisations, who do not always talk to one another, and that can make it difficult for people.

Against this backdrop, the money we receive from the Government for all public services is stretched as we try to cope with this rising demand and associated costs. So we need to look for ways of improving people’s health and care while also staying within our allocated budget. This can be done through:

**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.
Moreover, the health and wellbeing of individuals and local communities is shaped by many things like where we are born, grow up, live, work and age. Our health is influenced by the decisions we make for ourselves and our families, the money we earn, the food we eat, the air we breathe, and many other factors. These are called the ‘wider determinants of health’ and we need to consider how they all combine to affect our wellbeing and health.

**Wider determinants of health**

- **Our environment**
  housing quality and our built environment

- **Healthcare**
  being able to access good quality care

- **Social and economic circumstances**
  education, employment, income, family/social support, community, safety

- **Our behaviours**
  smoking, diet, alcohol use, poor sexual health

- **Genetics**
  your genes can directly cause or increase your risk of developing a wide range of medical conditions

By re-organising how health and social care supports people to manage their health and wellbeing we can make services more seamless, efficient and better for those using them. The vision is to plan future services together so people can have the best start in life, stay well, age well and die well. By die well we mean that patients die in a place of their choice, with dignity, care and support.

**How our partnership is making a difference**

To meet these challenges, local councils, care homes and different parts of the NHS in Derby and Derbyshire – hospitals, family doctors, mental health teams and others – are working together more closely than ever before.

We have formed a partnership, known as Joined Up Care Derbyshire, this is Derby and Derbyshire’s Sustainability and Transformation Partnership (STP).

The partners involved are:

- NHS Derby and Derbyshire Clinical Commissioning Group
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United
- University Hospitals of Derby and Burton NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Derby City Council
- Derbyshire County Council
- East Midlands Ambulance Service
- Primary Care Networks
- Place Alliances
- GP Provider Alliance
- Derby and Derbyshire Local Medical Committee (LMC)
- NHS England Direct Commissioning
- General Practice
- Voluntary and Community Sector
Strengthening the partnership

Like other areas in the country, we are aiming for our partnership to become an ‘Integrated Care System’ by April 2021. This will see our partnership take things to the next level, by:

• Using a growing share of budget for primary and community services to help build ‘primary care networks’. These networks will have a team of people working in 15 neighbourhoods across Derbyshire and Derby, made up of GPs, pharmacists, district nurses, community geriatricians (focusing on health care of older people), dementia workers, allied health professionals such as physiotherapists and podiatrists/chiropodists, and colleagues from social care and the voluntary sector, helping to keep people well, supporting people with self-care, and keeping people independent in their own homes for longer.

• Ensuring services are built around the needs of individuals in the place they live. Derbyshire is a big county with a vibrant, busy city which altogether has a population of more than one million - a big place to understand. So we have broken the whole county into eight areas and called them ‘place alliances’. Within these place alliances, organisations, for example, primary care networks (see above), hospitals, community services, the local authority and the voluntary sector are working together to put the best interests of their local community at the heart of any decisions being made.

• Better understanding data and other intelligence about the health and wellbeing of all people in Derby and Derbyshire, so that we can improve day-to-day physical and mental health, and reduce health inequalities between different groups. This might include looking at individuals who are frequent users of A&E and working out ways to help prevent them reaching crisis point. This is called ‘population health management’.

• Pooling the resources of all our partners, and taking a shared responsibility for how these collective resources are used to improve health and quality of care, putting people and patients at the heart of the decisions that are being made.

NHS Long Term Plan

A big part of our work over the next five years will be looking at how we can implement locally the ambitions outlined in the NHS Long Term Plan (published in January 2019). This plan aims to give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people age well. The plan sets out what you can expect to see and hear about over the next few months and years, as local health and care organisations in Derbyshire work with their partners to turn the aims in the plan into improvements in services that you will be able to benefit from.

The Long Term Plan also identifies a need to work in partnership to focus on the wider determinants of health, so Joined Up Care Derbyshire will be working closely with services such as public health, housing and leisure, as they can prevent or delay the onset of ill health and support people to live longer, happier lives.

Find out more about the Long Term Plan: www.longtermplan.nhs.uk
Where does all the work to improve services take place?

 Joined Up Care Derbyshire is made up of a number of different workstreams, each working hard to improve services and make them more joined up around the needs of the individual.

Planned care - Planned care covers the whole ‘end to end’ pathway from a patient presenting at their GP with a problem, onward referral to a hospital setting for diagnostic services (working out what might be wrong with a patient), outpatient services (short visits to hospital for tests, scans, treatment or check-ups), scheduled treatment and operations (surgery or treatment that is booked in advance in hospitals) and then follow up management of care after discharge from hospital. Examples of the work of planned care are, extending advice and guidance to GPs so they can check on diagnosis with a specialist hospital doctor and then diagnose and treat the patient outside of hospital; piloting a tele ophthalmology service (diagnosis and treatment of eye disorders) which allows a photograph of a patient’s eye to be assessed by a specialist hospital doctor, following which the patient is treated in their community by an optometrist, i.e. at their local opticians; developing a patient portal so patients can access their appointments and hospital letters via an electronic hub using their computer or mobile device; testing a digital App to offer patients a virtual consultation with a hospital doctor.

Cancer - Our work aims to improve the prevention of cancer, improve early diagnosis and treatment of cancer, and enable people to live well with and beyond a cancer diagnosis. For example by improving the uptake of screening programmes, which are designed to detect the early signs of cancer, especially for those groups of people who are high risk and less likely to engage; maximising opportunities to offer support and lifestyle advice to people that will help them to reduce their risk of getting cancer; ensure young people have access to national vaccination programmes; develop and implement new pathways to ensure that people have their cancer detected at an early stage, and receive the best treatment; continuing to work towards maintaining and meeting national cancer waiting times to ensure patients are seen as soon as possible; ensure patients are supported to live well for longer in the community through the offer of a health and wellbeing programme.

Mental Health - Our aim is to improve mental health services offered by GPs, local community services and through inpatient care in hospital settings. For example by supporting people to recover well from conditions such as anxiety, depression and stress through accessing ‘talking therapies’ services; providing a Dementia Rapid Response Team, which delivers intensive support to people with dementia at times of crisis in an individual’s own home, to keep them at home and independent for longer; providing training to staff across Derbyshire to raise awareness about patients with delirium – a medical condition causing people to become confused, disorientated and unable to concentrate. Our work is also seeking to ensure people in crisis get a number of options for support, in a timely way, avoiding emergency departments where possible; testing an approach to support people with self-care, recovery and resilience in primary care (GP surgery).
**Maternity** - Maternity services have been working hard to deliver significant improvements in safety, fully implementing the Saving Babies Lives Care Bundle, which aims to reduce stillbirths and early neonatal death.

Through conversations with pregnant women maternity services know that continuity of the person caring for them is important, and those that are cared for by small teams of midwives, who are known to them, are less likely to lose their baby or experience a pre-term birth. As a result Derbyshire is piloting a range of ways of working that offer midwifery continuity of carer and piloting a personalised maternity care plan alongside this initiative. Mother Hub has also been launched [https://motherhubderbyshire.co.uk/](https://motherhubderbyshire.co.uk/) which provides reliable information for pregnancy, birth and the early days with baby, including the choices that women have. This is supported by ‘For You and Baby’, a targeted social marketing campaign aimed at behaviour change, for example promoting breastfeeding, and stopping smoking during pregnancy.

**Urgent and Emergency Care** - Urgent Care is working to improve the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly for needs that are not considered life threatening, for example NHS 111, or minor injury units, and emergency care for immediate or life threatening conditions, or serious injuries or illnesses, for example 999 and emergency departments. This is to ensure that people with urgent but non-life threatening physical or mental health needs receive responsive, effective and personalised services outside of hospital, delivered as close to their homes as possible. People with more serious or life threatening emergency physical or mental health needs are treated in centres with the right expertise and facilities, delivering safe and effective care in order to optimise a patient's outcomes and enable as many people as possible to safely return to their own homes.

**End of life** - Because we believe that everyone deserves to receive high quality, compassionate care at the end of their life, our vision is to structure end of life care services in a way that provides care and support that is needed by people, their family member, friend and/or carer during this time of life. To do this the aim is to ensure individuals who are entering the last stages of their life are offered the choice of where they would like to die, reducing the number of deaths in hospital for people at the end of their life whose preferred place of care is to die in their own homes, or local communities. To do this training and support is increasingly being provided to care homes, unpaid carers, community and voluntary sector staff to promote choice in End of Life Care.

**Learning Disabilities and Autism** - Our work aims to ensure that people living with learning disabilities and/or autism are cared for in the community rather than hospital wherever possible. By carrying out care and treatment reviews for people whose behaviour is seen as challenging and/or for individuals with a mental health condition, we can help to improve the quality of care people receive by asking key questions and making recommendations that lead to improvements in safety, care and treatment. This increasingly means we can help more people to live in the community rather than in hospital.
Improving flow - Our aim is to plan, design and implement care closer to or at people’s homes that reduce the need for people to have a stay in hospital, or support them to be discharged from hospital when medically assessed as ready to leave by having the right amount and right type of care available. In North Derbyshire this has been done by introducing community support beds (often in care homes), which are for patients who are medically well enough to leave hospital but are not quite ready to return home or to the place they call home. These beds promote rehabilitation and independence. This work is being evaluated, and the learning will be applied to Southern Derbyshire. The aim is to ensure that patients always get the right level of care for their needs, and the pathways are called pathway 1, 2 or 3.

Children and Young People - Our aim is to provide support to children and young people with both their physical and mental health needs. For instance simplifying and implementing clear pathways for the assessment, support and treatment of children with autism and ADHD, training ambassadors in schools to ‘be a mate’ an anti-stigma campaign aimed at improving students' emotional wellbeing, ensuring children and young people are treated in the right place at the right time particularly in their own communities and homes, and strategies to reduce childhood obesity. Look up the HANDi app which provides advice and support to parents and carers when their child is unwell.

Digital - Technology can help health and care professionals communicate better and enable people to access the care they need quickly and easily, when it suits them. From websites and apps that make care and advice easy to access wherever you are, to connected computer systems that give staff the test results, history and evidence they need to make the best decisions for patients, we are working smarter to provide better care than ever before. In Derbyshire we are looking at making better use of online consultations and improving electronic communications between organisations at all levels that will ensure all providers of care have secure, timely access to the information that they need when and where it can be of most help to the health and wellbeing of a patient.

Estates - We want to use our buildings to deliver more integrated, sustainable health services which support and promote collaboration, the effective use of space and the reduction of property-related running costs. We want to provide ‘fit for purpose’ buildings to meet the health needs of the population.

Workforce - We are working with health and care teams across Derbyshire to help them adapt their service to meet future patient needs. This involves assessing the health of local communities, now and in the future, and ensuring we have the right staff, with the right skills, based in the right place, to meet those needs.

Prevention - Our aim is that everyone in Derbyshire enjoys good health and wellbeing through, starting well, living well and ageing well. Our priorities are enabling people in Derbyshire to live healthy lives, building mental health, wellbeing and resilience across the life course, empowering the Derbyshire population to make healthy lifestyle choices and building strong and resilient communities where people are supported to maintain and improve their own wellbeing.
Get involved

Our Citizens Panel is a really exciting development that will give local people living in Derbyshire the opportunity to share their opinions and feedback on health and care services, helping to ensure that services are designed and delivered to take into account ‘what matters most to people’. There are many benefits of being a citizens' panel member:

- You will be helping to ensure we provide better quality care in a way that matters the most to local residents.
- You will have the opportunity to have your views heard by local health and care decision makers.
- You will find out about new plans and ideas for Derbyshire.
- You can get involved as much or as little as you like, i.e. in the comfort of your own home through taking part in our online surveys, or you can choose to attend one of our workshops or focus groups on an area of health and care that interests you.

Further details on how to apply to join the Panel are available on the website: joinedupcarederbyshire.co.uk/get-involved

If you belong to a local community group and would like to know more about Joined Up Care Derbyshire, we are always happy to come out and talk to you. We are also always happy to be invited to have a stall at local events.