

# Team Up Derbyshire

## June 2023 bulletin of Team Up Derbyshire



This latest bulletin from Team Up Derbyshire brings together news from the programme and updates from the Team Up Steering Group. Team Up Derbyshire is an ambitious programme in Derby and Derbyshire that is creating one team across health and social care who see all the people in a neighbourhood who are currently unable to leave home without support. For more information, visit the [Joined Up Care Derbyshire website](#).

### **Home visiting services in the Dales**

As mentioned in previous bulletins, plans are being progressed for home visiting services in South Dales PCN and Derbyshire Dales PCNs. Proposals have previously been accepted for South Dales but a revised financial plan is now required in support of this. Derbyshire Dales has submitted a revised implementation plan, which has shown a commitment to integrated working with final sign-off of the plan anticipated to be by mid-June.

### **Identifying risks in the way enabler services are provided**

Team Up and Place representatives are currently in discussion about a range of enabler functions that need addressing in order to advance the transformation of services to local people. Functions such as workforce, estates and digital/data systems are run on an organisational basis, which does not suit change programmes where the work being progressed seeks to integrate teams and services *across* organisations. Progress has to be made in these areas on a case-by-case basis rather than strategically changing the way enabling support is provided across Derbyshire. A number of risks about silo organisation working have been identified and mitigations identified.

### **Advancing the electronic patient record**

The Team Up Steering Group has approved a Memorandum of Understanding which is the first step required for the procurement of a home visiting service electronic patient record (EPR). The EPR will support the integration of services across health and social care and improve the care of people who are currently unable to leave home without support.

### **Public and patient engagement sessions**

Two engagement sessions on Ageing Well and Dying Well have been held by Joined Up Care Derbyshire (JUCD), involving patients, the public and professionals. The sessions were held as part of discussions on developing the new JUCD Integrated Care Strategy and featured presentations by Kate Brown, Director of Joint Commissioning and Community Development, and Dr Ian Lawrence, Clinical Director for Integration, Chief Clinical Information Officer and Team Up Clinical Lead.



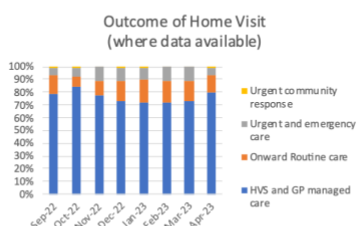
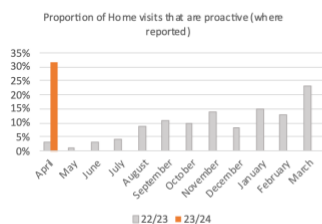
The Derbyshire  
VCSE sector  
Alliance



The priority of 'Age Well and Die Well' aims to enable older people to live healthy, independent lives at their normal place of residence for as long as possible, in line with the aims of Team Up. Integrated and strength-based services aim to prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximise a return to independence following escalations. The objectives of the Ageing Well programme and the Team Up initiative were explained to audience members and questions invited on proposals for the way forward. *YouTube* recordings of the sessions can be viewed on the [JUCD website](#).

## Performance in April 2023 – home visiting and urgent community response

### Home Visiting Service-April 2023

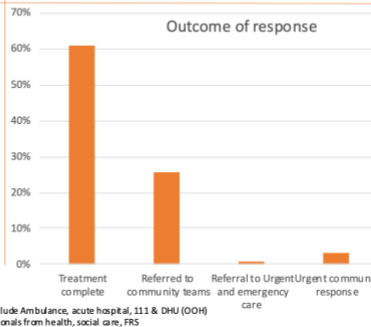
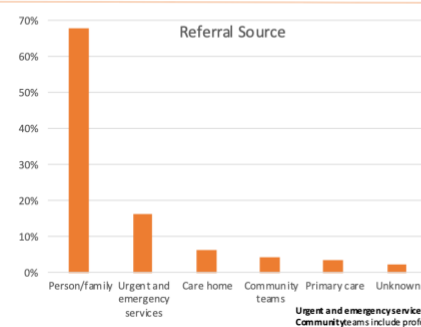
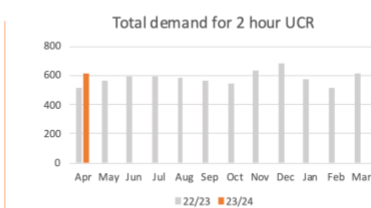
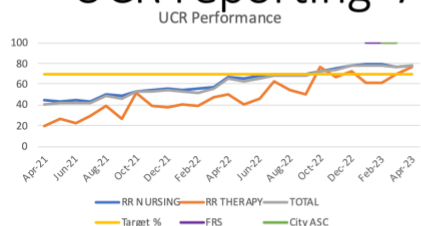


**Onward Routine care** includes routine community health, social care, care coordinator, local area coordinator, social prescriber, onward specialist referral  
**Urgent and emergency care** includes A/E, hospital admission, 999  
**Urgent Community response** includes Rapid response nursing and therapy, Urgent social care

Target
100% costed plans reviewed by 1.6.22 Revised local target date - TBC
Target achievement
Plans to be signed off: NE Derbyshire South Hardwick Derbyshire dales South Dales
Target
100% PCNs delivering: Revised local target: 5 day per week 8am -6:30pm by 31 <sup>st</sup> March 2023 7 days a week 8am-8pm by 1 <sup>st</sup> April 2024
Progress towards target achievement
<b>8am-6:30pm 5 days a week</b> - PCNs working 5 days per week - 92% (11*) PCNs working 8am -6:30pm-8:33% (*10)
<b>6:30pm -8pm 5 days a week</b> no PCNs working until 8pm
<b>Weekend working</b> - no PCN working weekends
100% Geographical coverage (of population) - HVS in action

\*Derby City is counted as 1, although is 5 PCNs working together  
 Note: Glossop not yet included.

### UCR reporting- April 2023



National Target 70%
UCR (April) 78%
Demand (April) 615 (RN-594, RT-21, FRS-0 ASC-0)
National position(March) 81%
Regional Position(March) 86%
Target achievement
Target achieved
Variation across PCNs* from 65-91%
<small>Please note: DCHS reports directly into CSDS. This includes Derby City Local authority and FRS activity in pilot areas.</small>

\* Derby City result combines the 5 PCNs



## End-of-year performance

As part of an end-of-year (April 2022 to March 2023) review of the outcome measures that Team Up is working to, a set of slides have been produced bringing together key numbers. The following images have been taken from the summary information presentation.

### Care Homes



At least **49%** of care homes engaged with at **least one** initiative



**Managing deterioration** training targeted at Derby City, Erewash and Chesterfield.

**25%** of care homes and members of the multi-disciplinary community teams in these PCNs have attended training.



**38%** of all care homes are trained for **proxy medication ordering** and had some form of home visiting service running. (**77%** in Derby City)



At least **52%** of care home residents (3,689) have a **personalised care and support plan**

Source: IIF: Jan 2023



At least **46%** of care home residents (3,204) have a **structured medication review**

Source: IIF: Jan 2023

In addition, the quarterly Enhancing Health in Care Homes (EHCH) Care Home Forum has been established where members are supporting work to develop a more proactive and integrated engagement framework for care homes.

In depth analysis of care homes' ambulance activity has been undertaken. Care homes with the highest activity rates are being supported to access alternative pathways and maximise the support available via the EHCH direct enhanced service and urgent community response.

Extensive work around falls management is underway, building on the success of a previous pilot project, that will ensure that more than 60% of care homes are issued with falls lifting equipment to improve quality of care and improve utilisation of urgent community response pathways.

## Falls Recovery Service Dec 2022- March 2023



Pilots across **50%** of population



**Significant learning** to set up **infrastructure** which will inform basis of Local Access Points going forward



**13** people referred to Enhanced falls recovery service



**Over two thirds** recovered



**Over a third** responded with **Team Up** response (ie links with other UCR)

## Home Visiting Service-April 2022-March2023

**24,259**   
Home visiting service visits Apr22- Mar 23



At least **89%** of visits are managed in the community



Up to **23%** of visits are proactive



By April 2023 **all PCNs** had some form of Home visiting service running

## UCR April 2022-March 2023 (Rapid nursing, therapy & EFRS)

**6,982**   
UCR 2 hour Rapid Response Apr 22-Mar 23



At least **98%** of visits are managed in the community



**Increase** of referrals coming from Urgent and Emergency services  
**12-15%**



Consistently **overachieved** the **National 70% target** since October 2022

### Further information

For further information about Team Up Derbyshire and Ageing Well, please contact:

- Helen Baxter, Deputy Ageing Well Programme Manager, [helen.baxter@nhs.net](mailto:helen.baxter@nhs.net)
- Team Up Derbyshire [website](#) and Team Up Derbyshire [blog](#)



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