

# A Vision for Better Health and Health Care in Derbyshire



Summary Report



A Vision for Better Health and  
Health Care in Derbyshire

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## 1. Introduction

### 1.1 Background

Primary Care Trusts are the NHS bodies responsible for health care for their local population. Their key role is commissioning services. This means:

- working out what services are needed to help improve local people's health
- identifying NHS and other organisations that can provide these services
- developing 'Service Level Agreements' or contracts which set out what the PCT expects from these providers
- working with the providers to continuously improve services

As many of you will be aware, Lord Ara Darzi, a prominent surgeon, has been asked by the government to lead a review – Our NHS Our Future – to help PCTs ensure that health care is fit for the future. This review has focused on eight themes, spanning birth to end of life, and will identify the way forward for the NHS for the next decade and beyond.

### 1.2 The Derbyshire Approach

Alongside the national review, more local discussions have been taking place at a regional and county level. In Derbyshire staff, clinicians, and members of the public have been involved in developing a local vision for the county and city. This document is a summary of the Derbyshire vision, a full copy of which is available on request from the PCTs, or on their websites (see contact details at the end of the document).

Derbyshire County and Derby City Primary Care Trusts are responsible for the health care of over one million people and together the PCTs have a combined budget of over £1 billion. There are a number of challenges facing the PCTs, now and in the future, to improve the health of the people of Derbyshire and its diverse communities - ranging from ex-mining and rural farming communities to wealthy areas - including reducing health inequalities and promoting healthier lifestyles. Derbyshire County PCT and Derby City PCT have developed plans for improving health across the city and county to meet the needs and expectations of a growing population.





## 2. The Workstreams

### Maternity and Newborn

#### Challenges

In Derbyshire, there has been a 7.8% rise in births since 2001 and this is likely to continue with higher rates of growth in different areas of the county. The number of mothers in Derbyshire who breastfeed is generally lower than the national average and there are significant differences within the county, with some areas having rates as low as 55% in 2005.

Cigarette smoking is the single largest preventable risk factor for pregnancy related deaths and is a major cause of health inequalities. Women who are overweight or obese when they get pregnant also have an increased risk of complications during pregnancy and birth.

It is estimated that more than a third of domestic abuse incidents start during pregnancy. Pregnancy may trigger or make abuse in the home worse, and may also be a consequence of abuse.

#### Recommendations

1. All pregnant women in Derbyshire will be offered choices for their maternity care, including the option of a home or hospital birth, and a range of antenatal and postnatal services will be available either at home, in the community or in hospital.

2. A combination of maternity staff will be on hand to provide pregnant women with a number of options for their maternity care. Maternity services must also be able to cope with individual women's needs and choices as well as an increase in births, both now and in the future.
3. Women will be given more information about the health risks they, and their baby, could face if they smoke, are overweight, drink or use drugs when they are pregnant. Health care staff will work with families to reduce these risks and further training will be given to staff to help them recognise the signs of mental health problems or domestic abuse and make sure vulnerable women and children are protected.
4. Ambulances or other appropriate vehicles will be available to take women, and babies, to and from maternity services, when necessary, including home and remote birth centres.
5. Schemes to cut the number of teenage pregnancies, including second pregnancies, and improve the health of mothers and babies afterwards will be introduced.
6. All pregnant women will be given simple and clear information on breastfeeding and all health care staff will provide consistent advice about it.

### Children

#### Challenges

While children and young people enjoy better health now than in the past, those from poorer communities and vulnerable groups - who often need help the most - are still more likely to have health problems than those from wealthier areas.

There are a number of vulnerable groups, such as poorer families, single or disabled parents, parents of disabled children or children with long term conditions, teenage parents and ethnic minorities, who all need a range of support and services. These complex health needs, including mental health problems and the need for better support and breaks for parents and carers, create new challenges for services. Families must be able to find the help they need easily and it must be flexible enough to fit in with the different needs of many types of families, illnesses and cultures.

Better support and guidance is also important to help older children transfer from children's to adult services. In addition, the health of children cared for away from their family, for example in children's homes, or those who have been abused, must be improved.

#### Recommendations

1. Make sure that children and young people who are disadvantaged are just as fit and well as those who are from wealthier families. This includes those with disabilities or those from ethnic minority backgrounds, as well as single parents and children being cared for away from their families.

2. Reduce the number of children and young people injured in accidents, particularly at home, and improve the awareness among parents and carers of the symptoms of minor illnesses. Provide better support and information about mental and physical health, including vaccinations and sexually transmitted diseases, and make sure this information and supporting services are also available at night or weekends.
3. Make sure mental health services are easily available to children and provide better health care for children with behaviour problems. Where children come from single parent or unemployed families, health care staff must look at ways to provide more support on a short term basis.
4. Improve how young people's care and needs are dealt with as they move from children's to adult services, particularly for 16-18 year-olds.
5. Provide better support for parents and carers of children with disabilities, including those with incurable illnesses and progressive and advanced conditions.
6. Make sure there is a range of health services available as locally as possible - particularly for severely sick children and their families.





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## Staying Healthy

### Challenges

Around one fifth of people in Derbyshire live in poverty, which means families are living on a household income that is 60% or less than the national average. Unfortunately this, and other inequalities, has a major impact on peoples' day to day lives, often resulting in poor health and premature death. If support is offered at an early stage, this can help break the cycle of health problems for poorer families, reduce teenage pregnancies, strengthen communities and help people manage their illness and disability better.

Smoking remains the biggest cause of preventable death and disease in the UK and kills more than one in seven people in the East Midlands. Smoking, when combined with weight and drinking problems, puts people's health at even greater risk and second hand smoke at home can create health problems for non-smokers, particularly children. By 2050, 60% of adult men, 50% of adult women and 25% of all children under 16 could be obese. Obesity increases the risk of diabetes, stroke and coronary heart disease, cancer and arthritis and in children it is a serious threat to their future health.

Alcohol addiction and misuse is a significant and growing problem. It is estimated that over 130,000 people in Derbyshire have a drinking problem and compared with England and the East Midlands, the county has high rates of alcohol associated admissions to hospitals, including children, especially in the North of the county.

Another challenge is an increasingly ageing population, as the number of older people in Derbyshire grows at a faster rate than other age groups. However, living longer does not always mean living healthier. If the health of older people is not improved, then by 2025 there will be a 50% increase in conditions that mainly affect older people, such as strokes and fractured hips. Helping older people to stay healthy is extremely valuable to them and their families and will reduce health and social care costs in the future.

### Recommendations

1. Help older people to stay active and independent by offering practical help and support with their basic care needs, for example help around the house. Encourage them to keep active, both mentally and physically. Provide more information for older people and carers about stroke symptoms so they can seek help quickly and have the chance of a better recovery.
2. Work with social services and other partners to reduce the effects of poverty by helping people to find work and improving housing conditions, such as heating. Make it simpler for poorer families to find out what help and support is available to them by setting up welfare and benefits advice services in GP practices, for example.

3. Work with partners to promote a truly smoke-free Derbyshire and stop children and young people from starting to smoke. Provide additional training for staff to help them make this a higher priority and be more comfortable about talking to patients about smoking as well as being able to provide better support for smokers who want to quit.
4. Provide local services for people with drinking problems, including short term help and screening. Provide more training and support for GPs and other health and community based staff and offer these services in non-NHS settings. It is crucial that children and young people get honest and consistent information about drinking so they can make their own informed decisions about it.
5. Encourage everyone involved in providing health care services, particularly those working in the community, to feel knowledgeable and confident about how their help and information can motivate people to change their lifestyles and improve their health.
6. Create community based services to tackle obesity and make sure staff have training to give advice and refer patients to the new services. Use local leisure facilities to encourage people to get active and stay healthy and work with all schools to promote healthy eating and physical activity to children and young people.

## Planned Care

### Challenges

The population of Derbyshire is expected to rise by around 15% between now and 2025, mostly in the 60+ age group. This will mean an increasingly older population needing to be looked after locally. Also, improvements in treatments and technology mean people can now be treated for conditions that they may have not received treatment for in the past, which will also put pressure on services.

One way to manage this increasing demand is to change health care from treating illnesses to preventing them. This has already begun in some areas but this change will need to continue and expand so services can keep waiting times to a minimum.

Visiting a GP, pharmacist, dentist or optician, is the commonest contact most people have with their local health service, and these services must be able to adapt to the changing needs of local communities.



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### Recommendations

1. Give patients better information, both about health services and their own health, so they can understand the choices that are available to them, for example options for treatments, places where different treatments can be given or simply a clearer understanding of how to find their way through the system.
2. Cut down on time spent diagnosing problems and make sure any tests are easily available and that day surgery (where appropriate), treatment and aftercare are acted upon quickly. Plan for any pre-assessments to take place during other appointments and cut down on repeat trips to GPs or outpatients.
3. Recommend water fluoridation as the safest and most effective way to prevent tooth decay and make sure everyone has the opportunity to see a local dentist.
4. Look at creating central community facilities that offer a greater range of services locally. These could include GPs, pharmacists, dentists, opticians and health care such as physiotherapy services, where this makes sense for patients, or may mean different ways to get help and support such as telephone advice or walk-in centres. The community facility could also support local schools, nursing and residential homes and may be located in high streets and out of town shopping centres, for example.

### Long Term Conditions

#### Challenges

There are a more people living in Derbyshire, including those of working age, who are limited because of illness or disability than the national average - one in five people in Derbyshire compared to one in six for the UK. Common problems are poor mobility, difficulty lifting or moving objects, and poor manual dexterity.

The most common conditions associated with long-term illness include heart and circulatory problems, respiratory diseases and musculoskeletal disorders. People with limiting long-term illness are also more likely to be socially excluded and suffer mental health problems, such as depression. High rates of long-term illness are also linked to high levels of deprivation, and nationally more than a third of people with a limiting long-term illness have either never worked or are long-term unemployed.

People with long term conditions use health services more than normal and the number of people living with a long term illness is expected to rise by 50% by 2025.

#### Recommendations

1. Give advice and support to help people lead healthier lifestyles and cut the number of people with long term conditions or at least reduce the impact it may have on their lives.

2. Let everyone with a long term condition set their own goals for their health and well being, together with a health professional, and make their own choices about the type of care and support they need. Share this information across all services to create more joined up care for patients.
3. Support people who are able to, or want to, care for themselves by giving them better knowledge and understanding of their own condition and treatment and therefore the confidence to cope and manage it successfully.
4. Make services easily available, including advice and care at night and weekends, and provide treatment closer to people's homes. Be able to better identify those who need more pro-active care and provide extra rehabilitation services.
5. Create joint health and social care teams and specialist teams, for example to look after people with diabetes and heart conditions, and share information on care between services to improve co-ordination and communication as well as create one point of contact for patients and carers.
6. Provide more support for carers, making sure information and care services are considered from the carer's point of view, and support people managing their own conditions.
7. Provide help and support to people to be able to remain at work, or return to work after being off for a longer time.

### Urgent Care

#### Challenges

Most urgent contacts made by patients are at GP practices, but patients are unhappy about the unavailability of these services in the evenings and at weekends. Urgent care is also under extra pressure because it is disjointed. For example, GP services are organised separately from those in hospital accident and emergency (A&E) departments and ambulance services. This can lead to delay and duplication and, at worst, poorer chances of recovery for patients.

Another issue is that people are often confused about the different services that are available and how they should use them. This can mean an unnecessary trip to A&E even though a good suitable alternative health care service is available more locally.

Falls, fractures and strokes are becoming more common urgent care cases, as the number of older people in Derbyshire rises. More than 8,300 people aged 65 and over attend A&E departments as a result of a fall, and of these nearly three quarters are aged 75 and over. It is estimated that more than 2,800 people aged 65 and over are admitted to hospital each year as the result of a fall but this is expected to rise to more than 4,400 by 2025. In Derbyshire, more people sustained hip fractures than the national average, more than 1,000 people in 2005/06. It is estimated that nearly 3,500 people in the county aged 65 and over have a long term health condition caused by a stroke. If this continues, it is predicted to rise to 5,400 people by 2025.





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### Recommendations

1. Create a range of urgent care services and make them easily available, particularly to those in deprived areas.
2. Give patients a simple guide about how urgent care services work so they have a better understanding of what will happen to them at each stage, where they are in the process and how they can find the right place to get initial help.
3. Work with partners in social care to integrate health and social services so they are available around the clock, seven days a week and help to reduce the time people spend in hospital and make sure appropriate community care is available when they leave.

4. Develop services for suspected strokes, heart attacks and major trauma

**For Strokes** - make sure the initial assessment is done quickly and that specialist diagnostics, treatment, regular monitoring and mobilisation are available promptly. Provide more information about stroke symptoms to improve prevention and make rehabilitation.

**For Heart Attacks** - ensure patients are seen quickly and diagnosed and treated by appropriate specialists within the first few hours of developing symptoms.

**For Major Trauma** - create a major trauma network throughout the East Midlands which ensures patients are treated in the right setting first time. Work with ambulance service staff to make sure accurate initial assessments take place and appropriate transport plans are made, taking into account Derbyshire's most rural communities.

5. Reduce falls, including those in the home, nursing or residential homes and hospitals, and co-ordinate services better to assess future risks, particularly for those who have fallen but are not admitted to hospital.

### Mental Health

#### Challenges - Mental Illness

Mental health problems are a major cause of ill-health, disability and death. People with mental health problems are at an increased risk of dying young due to physical health problems, such as respiratory illness, cancer or heart disease. Mental ill-health is also strongly associated with poverty, homelessness and lack of social and environmental support.

Around one in four consultations with GPs concern mental health issues and adults with common mental disorders are between four and five times more likely to be permanently unable to work. In Derbyshire, it is estimated that around 200,000 adults have a mental health problem at any one time.

### Challenges - Learning Disabilities

People with learning disabilities are some of the most vulnerable in society. In Derbyshire, there are around 2,400 adults of working age with learning disabilities with 40% of these aged 18-34, 25% aged 35-44 and 35% aged 45-64. There is a strong relationship between learning disabilities and deprivation and more adults with learning disabilities are found in poorer communities.

#### Recommendations

1. Everyone needs to be more aware of mental health needs, including schools, workplaces and communities, and additional ways to help groups and individuals who are particularly vulnerable and at risk of mental health problems must be set up. Services must change from mental health care to supporting mental wellbeing, which is closely linked to good physical health.
2. Tackle inequalities, discrimination and the stigma surrounding people who receive mental health care, including minority ethnic communities. Make sure the services offered are those needed by the people of Derbyshire.
3. Involve users of health and social care services in the decision making processes and make sure there are no 'hidden' mental health carers who have been overlooked.

4. Make sure the right treatment, care and support is available at the right time and in the right place by creating a number of community, voluntary and other independent settings for treatment, care and support.
5. Provide services specifically for older people, such as dementia care, including prevention, long term support and memory assessment services. Help all healthcare staff recognise and manage mental illness among older people, including depression.
6. Combine a range of health and other services for people with learning disabilities to create what appears as one service to them. Make sure social inclusion, housing and employment are included in any combined services and improve the availability of mainstream health care services for people with learning disabilities.



## End of Life Care

### Challenges

End of life care helps those with advanced, progressive, incurable illnesses to have the best quality of life until they die. Across the country, most people die in a hospital and although more than half of terminally ill people would like to spend their final days at home, less than one in five are able to do so.

In the past, people in Derbyshire have felt that cancer patients have got better care and support than those with other terminal conditions. While there will still be a need for specialist cancer care, only a quarter of all deaths in Derbyshire are due to cancer, so existing services need to be extended and made available to all terminally ill patients.

This is where the district nursing and community hospitals teams, as well as other organisations such as social services, charities and voluntary sector organisations, play an invaluable role by caring for terminally ill patients at home and other places. It is vital that these services all work together to make sure care can be provided around the clock and across the county. In particular, partner schemes to cut down on hospital admissions and provide a quicker response when patients leave hospital, will help reduce gaps in services

### Recommendations

1. Create a way to identify patients, and their carers, who need end of life care and make sure plans are put into place to support them in the future.
2. Co-ordinate and combine services so they are flexible enough to meet the needs of different patients and carers, particularly those in rural communities. Offer a range of easily available services in local community settings, including nights and weekends, for all terminal conditions.
3. Share and note down all information in a way that encourages more open discussions about dying and bereavement and use methods and systems that can be accessed by all care sectors and providers.
4. Provide care in a way that allows patients to die in their preferred place.
5. Give more individual care to terminally ill patients, for example introducing individual carers into the community.
6. Give all staff, across health and social care, training to be confident and competent about the expert care they provide for their patients.

## 3. Summary of Key Recommendations and Next Steps

The following recommendations highlight a number of key issues that have been identified and these will form part of the initial work to be undertaken.

1. There will be a gradual change from funding health treatments to promoting and supporting healthy living and lifestyles - moving from treating illnesses to preventing them.
2. People will be encouraged to learn about how they can stay healthy and more information will be available to help them to do so.
3. A range of urgent care services, which provide consistent assessment and treatment, will be supported by better diagnostic facilities and new technology.
4. There will be more integration between health care and other services in the community. Derbyshire County PCT will also review the role of community hospitals, including how urgent care services are provided in them.
5. Health care resources will be moved to the places and people who need them most to provide a better balance of services and make sure those with the greatest need get the most support. This may mean a reduction in services in some other areas in the future.
6. Better support for carers and a higher priority for carers' issues.
7. Better mental health care and support for mental health wellbeing will mean concentrating resources in a range of primary care settings.
8. Combine a range of health and other services for people with learning disabilities to create what appears as one service to them.
9. Improve services for people who have suffered a stroke, heart attack or major trauma, including immediate action to provide better local healthcare for stroke patients. Undertake a detailed review of maternity services.
10. Create a wider range of services for older people with mental health problems, including those suffering from dementia or depression.
11. Make sure everyone in Derbyshire who wants to see a dentist can see one.
12. Provide a range of support services for people who are nearing the end of their life and make sure they are easily available to them and their carers.

The vision recommendations will now be mainstreamed into the two PCTs' commissioning processes, and inform the development of a 3-5 year strategy required by the Department of Health in autumn 2008.

Specific engagement activities, including formal consultations when required, will then be developed as the recommendations from the vision become reality, and service changes are required. These will to be at individual PCT and Overview and Scrutiny Committee level, unless the service development spans both city and county.



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