

# Improving health in Derby City

Presentation to the Adult Health and Scrutiny Committee  
on the role of Florence Nightingale Community Hospital  
(FNCH), 30 November 2021

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# Derby City system collaboration

- Group established October 2020

## Membership:

City Primary Care Networks (PCNs)	Derbyshire Community Health Services (DCHS)
Derby City Council – Public Health & Social Care	Derbyshire Healthcare NHS Foundation Trust (DHCFT)
Voluntary sector	Derby and Derbyshire CCG
University Hospitals of Derby and Burton (UHDB)	Local Estates Forum (LEF)

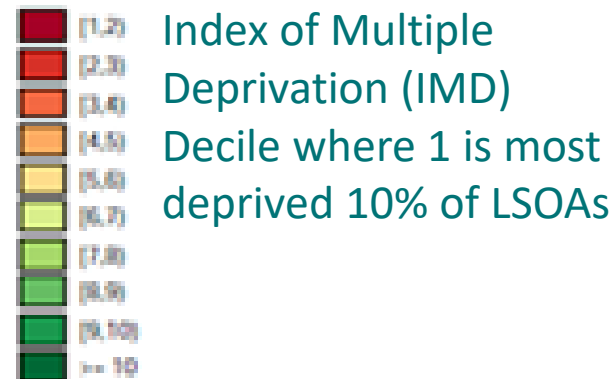
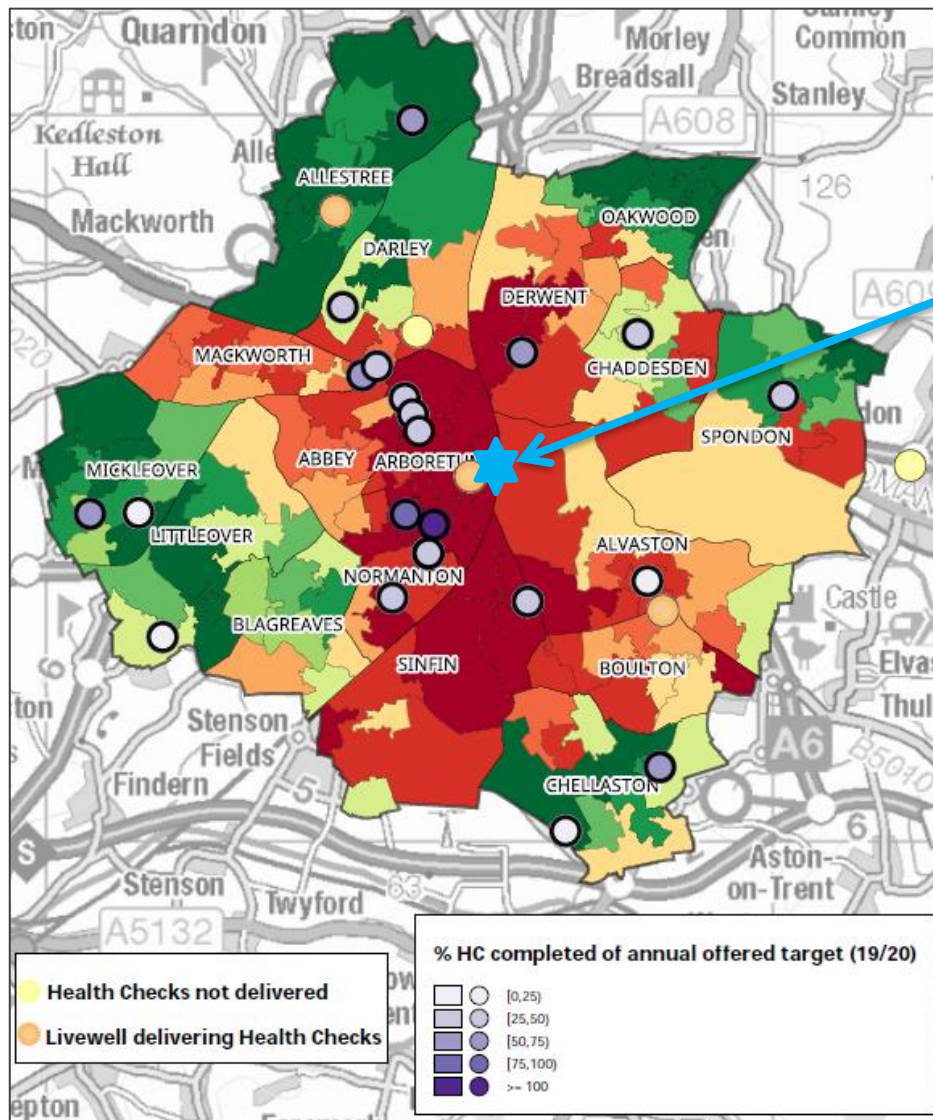
## Purpose:

- At the start to increase utilisation of the FNCH site
- Now part of the strategic vision to deliver Place based population health improvement in Derby City

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# FNCH location relative to City wards

**Florence Nightingale  
Community Hospital**



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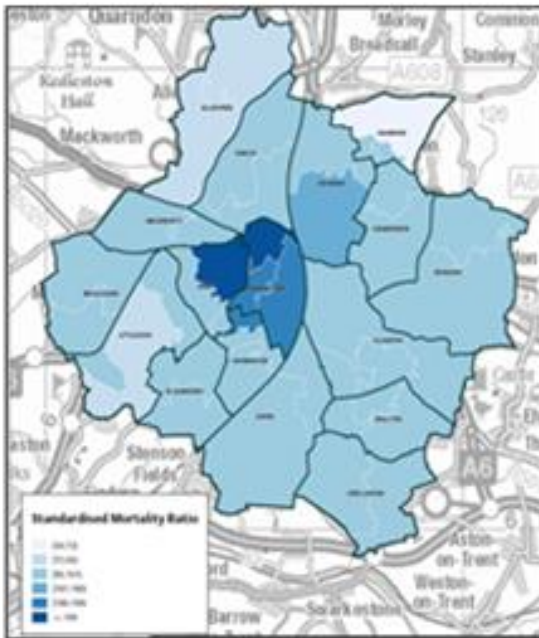
# Derby City Population Health

We can see geographical correlation between maps showing health outcomes and maps showing indicators of deprivation:

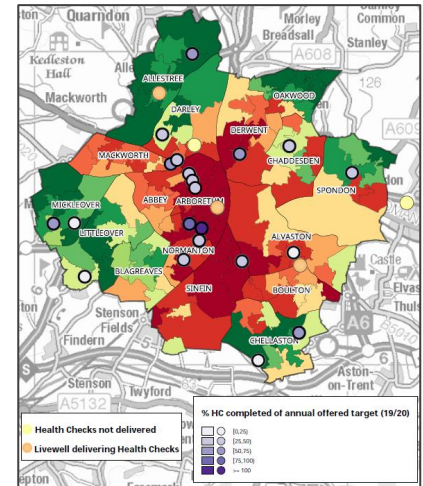
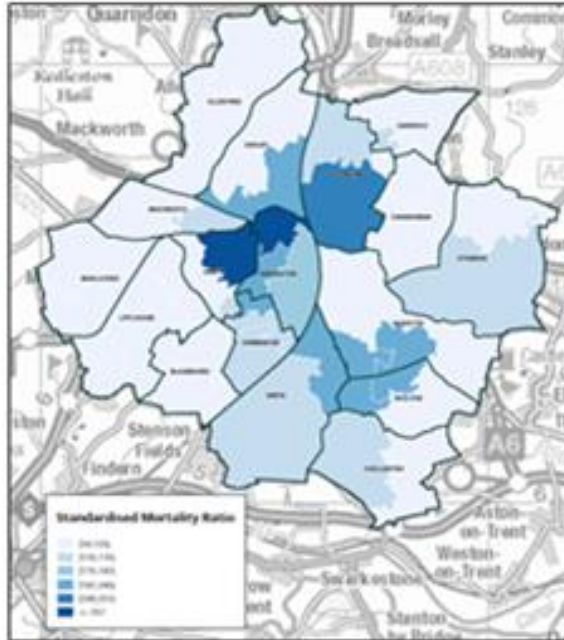
## Mortality

2013/14 to 2017/18

Deaths from all Coronary Heart Disease

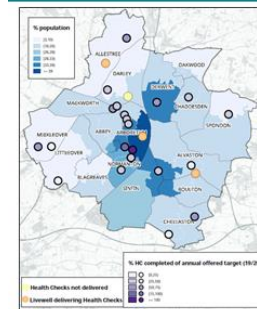


Deaths from Circulatory Disease (U75s)



## Income Deprivation

NHS Health Checks



18.1% population of Derby live in income deprived households reliant on means tested benefit

14.6% population of England live in income deprived households reliant on means tested benefit

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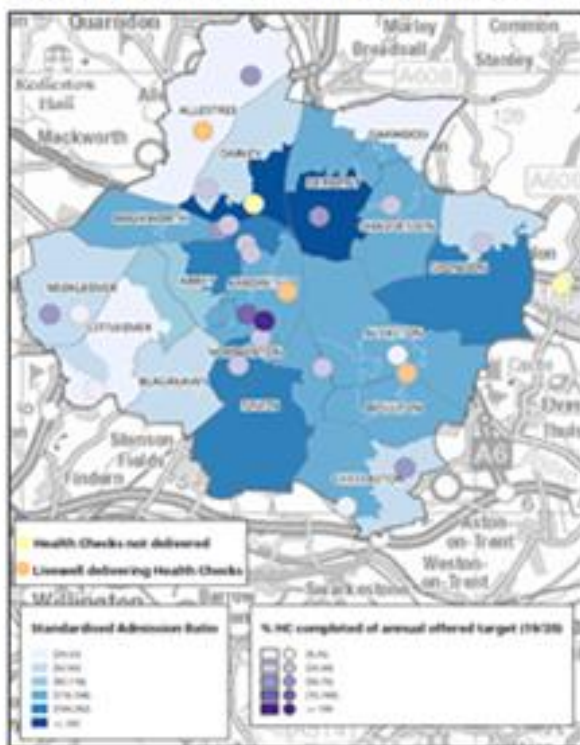
# Derby City Population Health

## Emergency Hospital Admissions

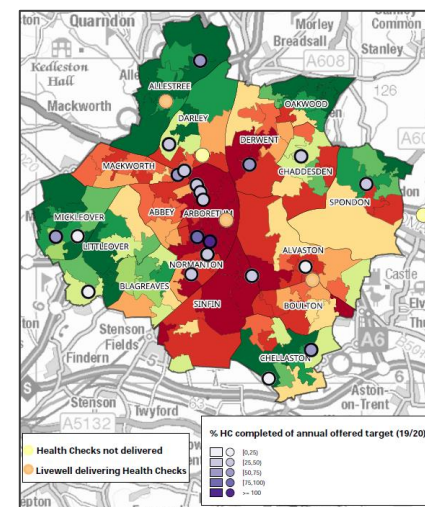
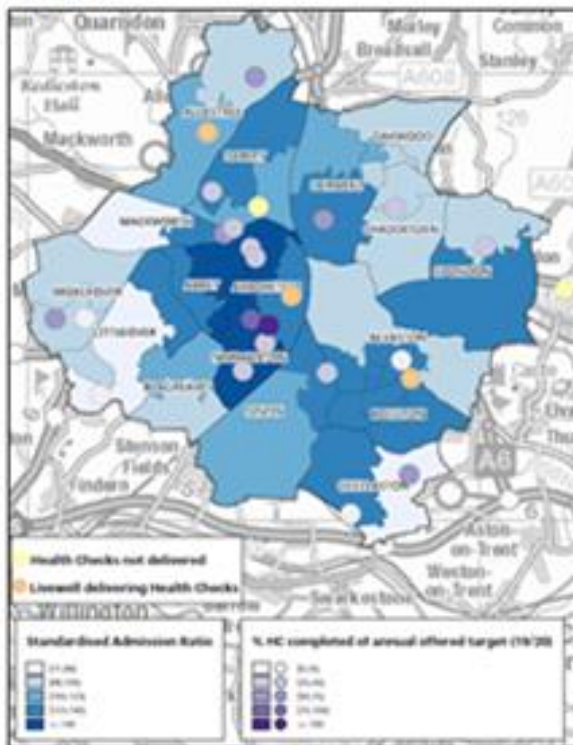
2013/14 to 2017/18



### Chronic Obstructive Pulmonary Disease

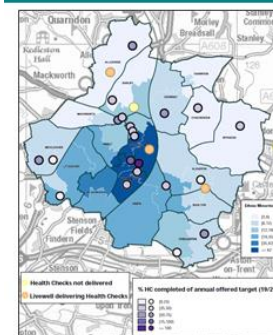


## Stroke



## Ethnic Minorities

NHS Health Checks



19.7% population of Derby  
from an ethnic minority background

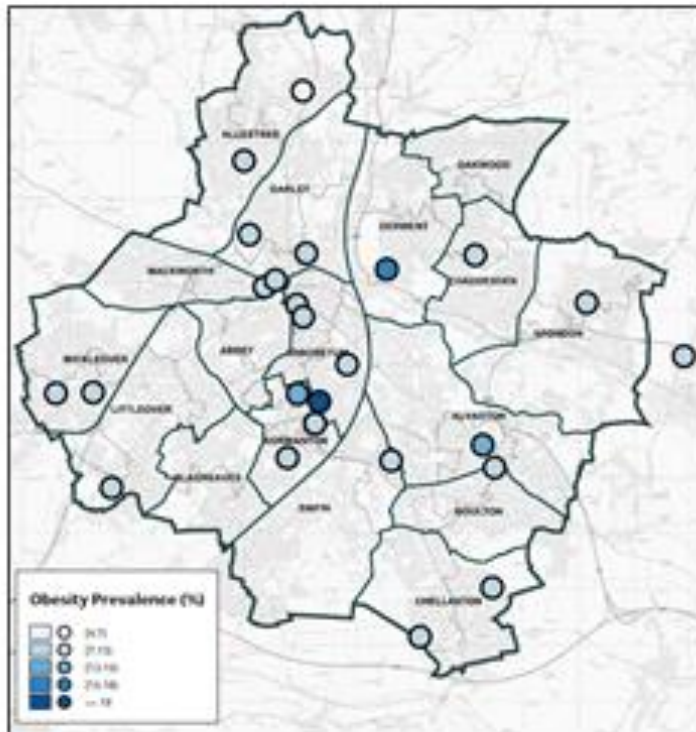
14.6% population of England  
from an ethnic minority background

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# Correlation between disease and lifestyle habits

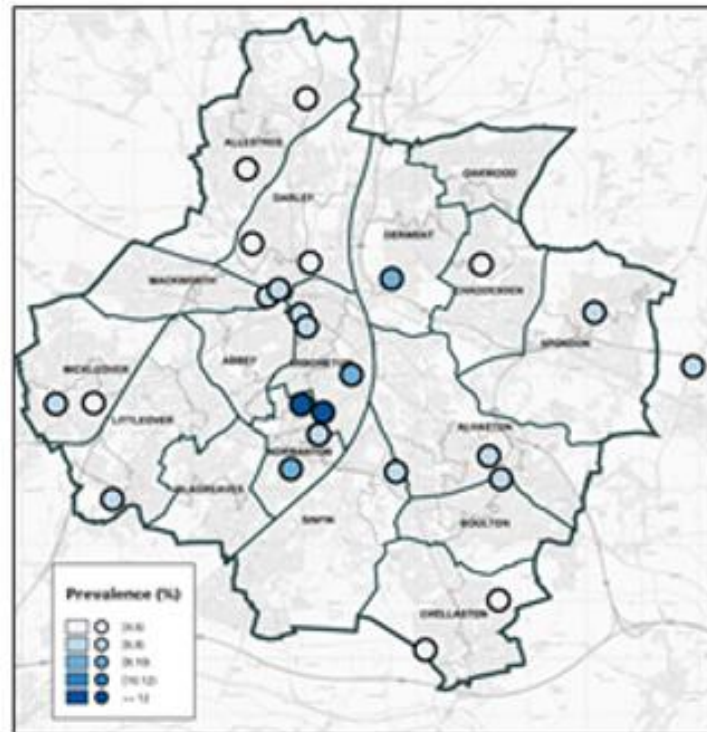
## Obesity Prevalence

QOF - 2019/20



## Diabetes Prevalence

QOF - 2019/20



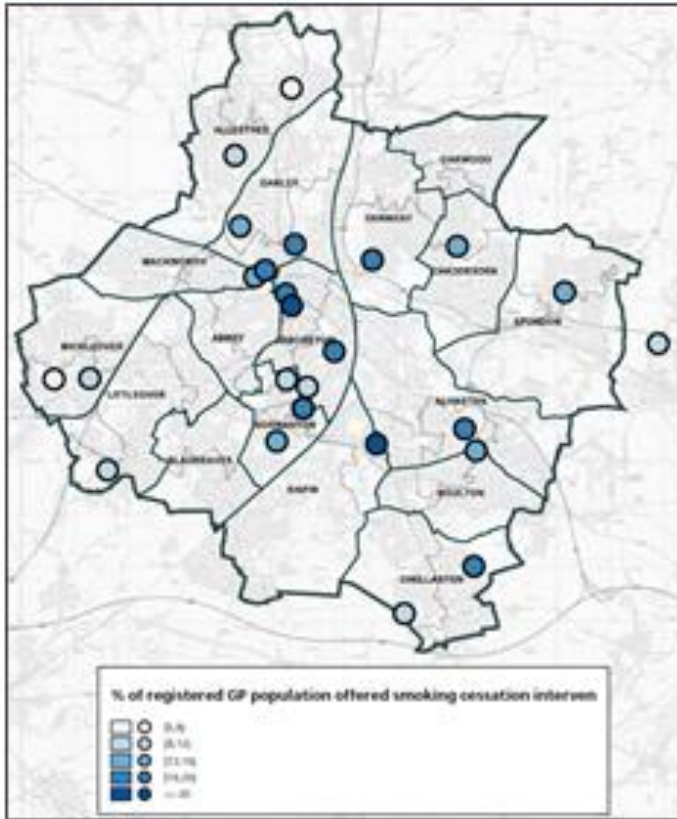
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# Correlation between disease and lifestyle habits

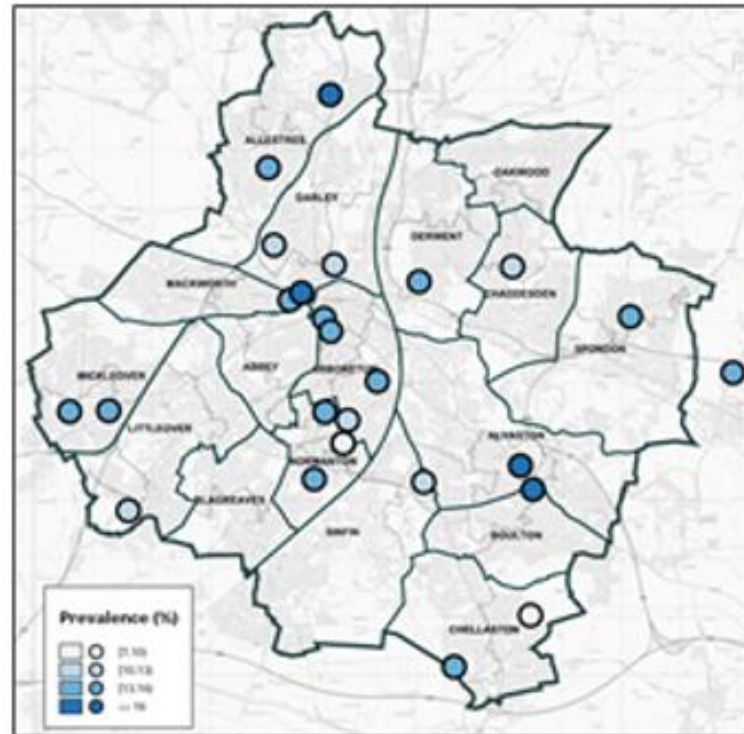
## Smoking Prevalence

QOF - 2019/20



## Hypertension Prevalence

QOF - 2019/20



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# JUCD population health priorities

We can improve health outcomes by:

- Reducing smoking prevalence to below the national average;
- Reducing obesity and the numbers of people who are over weight;
- Increasing physical activity levels;
- Reducing the levels of harmful alcohol consumption;
- Reducing the number of children living in poverty.



# **Florence Nightingale – an integrated City centre hub for improving health & reducing health inequality, preventing crisis, providing easy access diagnosis and treatment**

**Long term conditions  
outpatient clinics working  
jointly with Livewell**

**Primary/secondary care  
pathway and PCN ARS roles**

**Other clinics – sexual health,  
secondary care, leg ulcers**

**Integrated health and social  
care team focused on  
preventing people reaching  
crisis point to avoid ending up  
in ED or Adult Social Care**

**Specialist**

**treatment:**

**End of life IPs**

**Neuro rehab IPs**

**Specialist rehab OPs**

**One stop shop support to  
diagnosis and treatment:  
Community Diagnostics Hub  
Pharmacy**



**Other options:  
Primary care and out  
of hours services**

**Health improvement  
Livewell, voluntary sector,  
community on site projects  
Healthy food preparation  
and cooking, fruit and veg  
stall, gardening, physical  
and craft activities**

**Derbyshire**

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# **Florence Nightingale – an integrated City centre hub for improving health & reducing health inequality, preventing crisis, providing easy access diagnosis and treatment**



**Integrated health and social care team focused on preventing people reaching crisis point to avoid ending up in ED or Adult Social Care**

**Health improvement  
Livewell, voluntary sector,  
community on site projects**  
Healthy food preparation and cooking, fruit and veg stall, gardening, physical and craft activities

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# Florence Nightingale – an integrated City centre hub for improving health & reducing health inequality, preventing crisis, providing easy access diagnosis and treatment

**One stop shop support to  
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Community Diagnostics Hub  
Pharmacy**



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## **In summary this will:**

- Change FNCH from a place where only acute care is provided to a community asset that delivers health improvement for local people
- Make prevention part of the treatment for people with diagnosed disease and long term conditions, i.e. direct referral for smoking cessation, weight loss, physical activity, reduced alcohol consumption
- Make best use of the location in relation to communities with higher levels of deprivation and poorer health outcomes
- Expand the reach and impact of the multiple resources on site to support healthier lifestyles.

## **Which in turn will:**

- Improve health outcomes for people in the City
- Reduce crisis use of social care and emergency NHS services
- Reduce the demand on primary and secondary health services.