

Doing Nothing is Not an Option!

The Future of Health Services in Derbyshire

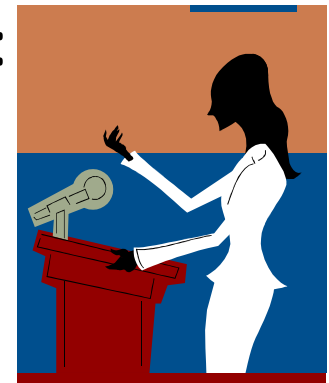
**21st Century
Health and Social Care
Update**

It is always the intention of both health and social care services to provide the best possible experience of care, and the best possible outcome that can be achieved

With the challenges that exist at the current time it is very difficult to achieve this in a service that is 65 years old - without changing something

Engagement with the Public on the Guiding Principles

- In May/June of last year public meetings were held around the county to share what is creating the need for change and get feedback on the principles that should be used to make the decisions about any future service changes
- The final draft principles will be fed back to ensure that they are right and currently look like this:



Guiding Principles (Draft until signed off by all organisations)

All services will be person-centred

We will work in partnership with the people needing care and their families and carers to provide care as close to the persons home as possible, and when appropriate support them to access the right care away from home.

Care will be provided flexibly

We will listen to and understand the person's complete needs and meet them by using all services and resources available. We will ensure that we will co-ordinate care across health, social care and voluntary services to ensure people receive the right care from the right service at the right time.

Assumptions will be challenged

We will have the courage to make changes for the better that will improve the patient experience and obtain the best value for money. We will embrace innovation and find new approaches to care based on sound evidence. We will commit to monitoring and publishing patient experience data to be accountable to those who use our services.

People will be treated with dignity and respect

We respect and value the people who use and work in health and social care services in Derbyshire and we will invest resources to support the health and well-being of our communities

We will plan and deliver services in partnership

We will actively seek and listen to the views of people who use and work in health and social care in Derbyshire so that we can plan and deliver services in partnership and be accountable to them

Healthy lifestyles will be promoted

We will support people to help them to make an informed choice about lifestyle and services and identify and provide extra support for those who need and want to make positive lifestyle changes.

The Case for Change

NHS finance is increasing in 2013/14 by 2.3%

HOWEVER

A&E attendances have risen by 7%

Unplanned hospital admissions have risen by 5%

Prescriptions issued to patients have risen by 4%

For the 4th year running NHS Trusts have been required to make 4% savings on top of the previous year's savings

Estimated savings for Derbyshire is £250m this year

The Case for Change

The facts:

- UK population is getting older as you will have seen from the previous quiz

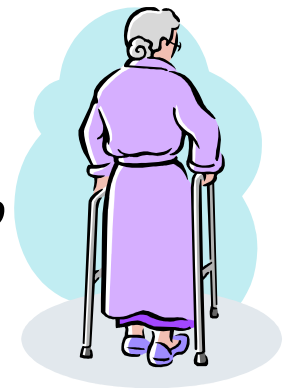
•Added to this

- Over the past 10 years the NHS has had real term growth rates of 7% while near zero growth rate is expected for at least the next 5 years and social care are facing year on year cuts
- Obesity has doubled over the last 17 years; 70% of the population are inactive and do not eat 5-a-day; 21% smoke and 27% drink more than the recommended units
- The opportunities related to digital technologies are enormous and could transform the way healthcare is delivered providing possible solutions to the challenges

• But at the same time

- Net satisfaction in the NHS is falling

Something has to change to ensure that we can continue to provide an NHS fit for the 21 Century



What else do we know...

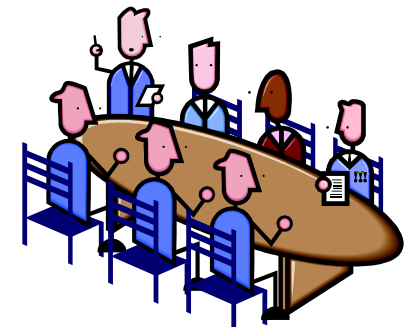
Hospitals are not the best place to care for people particularly those with complex care needs, if admitted they

- end up staying longer in the hospital
- are more likely to be readmitted
- lose confidence
- are more likely to be placed in long term care



Progress Update

- Each CCG acknowledges that if it is to continue to deliver high quality services in these challenging times they need to work more closely with social care, other health care providers and the voluntary sector
- They are therefore using the demographic data and working with their clinicians and commissioning managers to draw up ways of working specific to their areas.
- A lay group has been formed to assist in the development of appropriate messages and identification of key drivers as well as a challenge to process

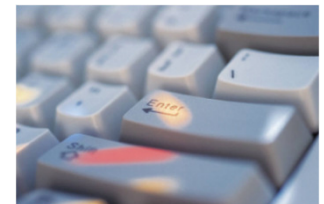


What are the key messages that we want to communicate?

- Doing nothing is not an option
- Health communities have been given a mandate to work differently:

The Department of Health is directing health communities to follow a national approach to address the challenges already outlined by a drive to **work in an integrated manner** and:

- Reduce the number of people being admitted to hospital where that is not necessary
- Plan for discharges early on so the patient can leave hospital as soon as they are ready
- See patients where it is most appropriate for their condition (including treating them in specialist centres further away from their home where this is most appropriate)
- Take up the opportunities of new technologies that exist but which may result in less clinician contact for the patient



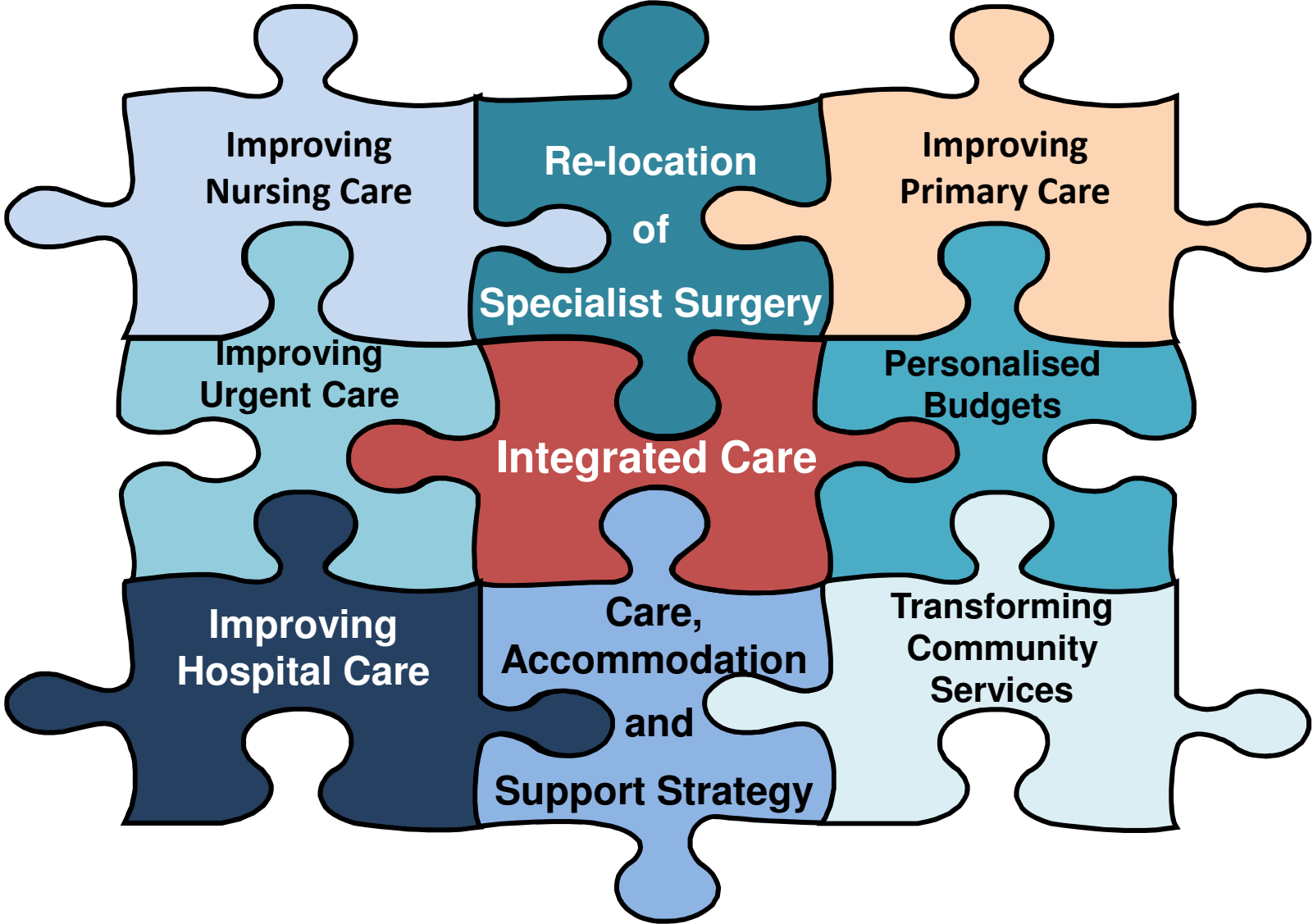
How do Local Services need to respond?

- Patients must have access to **appropriate services** when they need them
- Hospital beds are available for people that need them when they need them
- Services are provided in the community so no-one needs to go into hospital unless that is absolutely the right place for them to be and they can be discharged as soon as is safe and they can receive therapies; have their medication monitored; and have their progress checked thus stopping the 'revolving door' patients



- Patients must receive the same quality of care they would have received in hospital if they are seen in their own home
- Reduce duplication in the community by front line staff in a range of organisations working closely together including social care eg one assessment
- Coordinate planning for social care and rehabilitation services to ensure that the demands of the future population can be met

The Size of the Agenda





Results of the Community Hospitals Utilisation Review

An independent review was undertaken in December 2010 across all community hospitals and focused on care provided for patients receiving inpatient rehabilitation services. It was based on internationally recognised InterQual® levels of care and the key findings were:

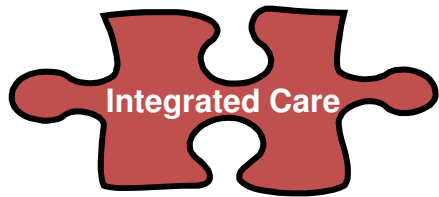
- Many patients did not need to be in a community hospital bed as the care they needed could have been provided in their own home
- Many people were staying in the community hospital longer than they needed to

This equated to 60% of the patients reviewed within



As a result . . .

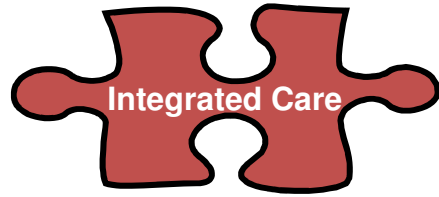
- Derbyshire's Community Services introduced a project called JONAH. This monitors patients from the moment that they are admitted to ensure that everything is on track for their discharge when they are fit and well enough to be discharged. It ensures that no-one is using a bed unnecessarily because for example equipment is not in their home to meet their needs.



So what happens now?

- We **must** provide coordinated health and social care services in the community so the needs of the patient and their carers are met. This means ensuring staff within services and across services and agencies **work together** to achieve a good experience for the patient
- We **must** organise services (both health and social care) to support patients, not expect patients to move around services, or work out for themselves which services they need, or be the communicator between services



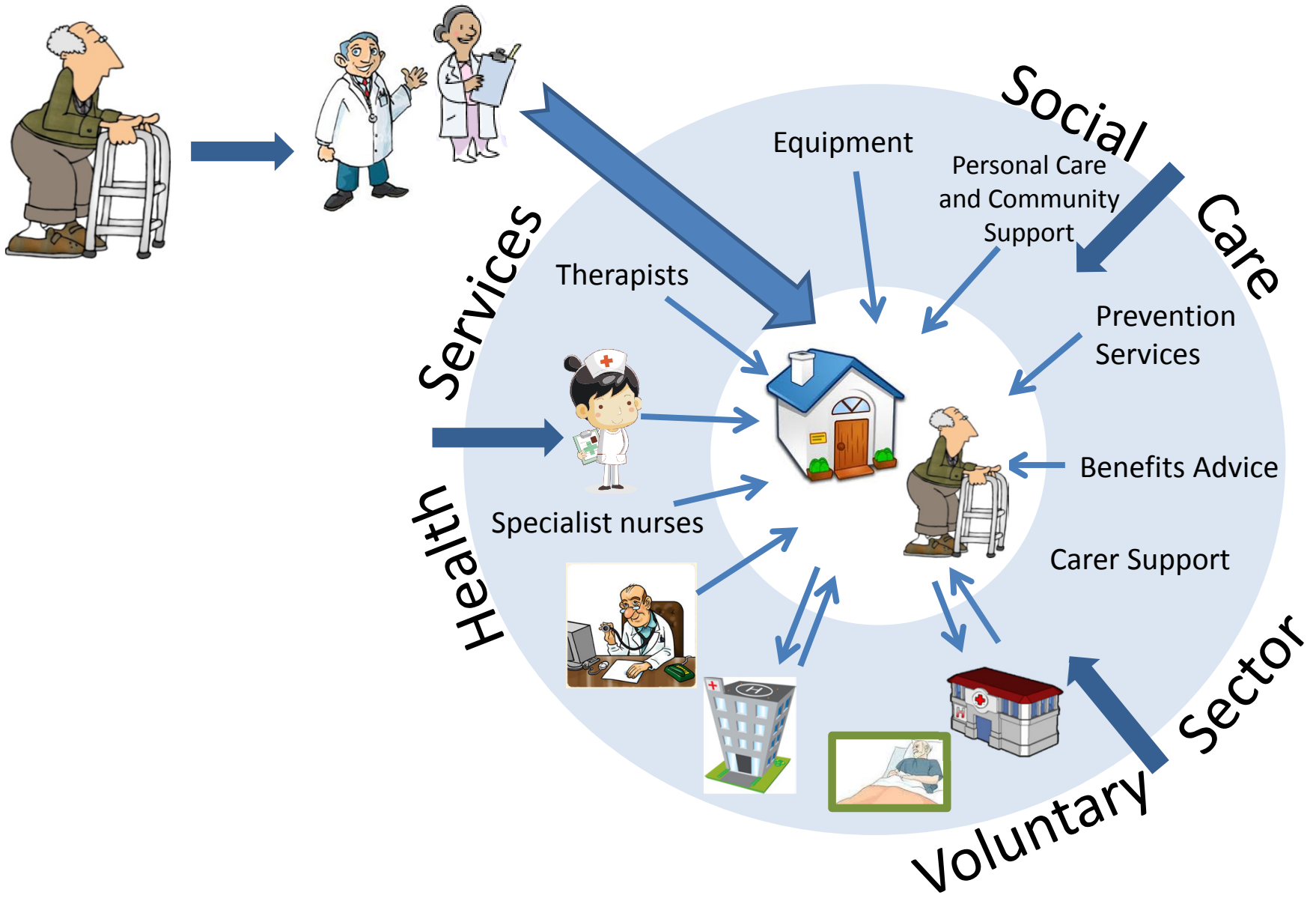


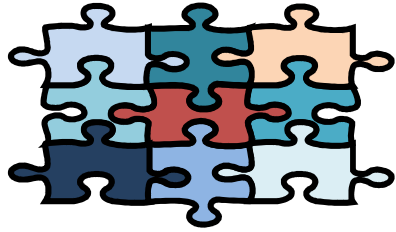
Integrated Working to provide Integrated Care

We know there are key areas that need to be in place if we are to achieve integrated working such as:-

- Joint assessments and documentation
- Key worker/care coordination
- Standard ways of working monitoring and reviewing
- Better communication throughout
- Improved use of the voluntary sector



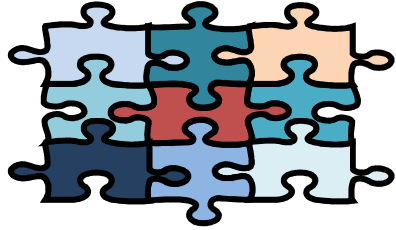




What else are we doing?

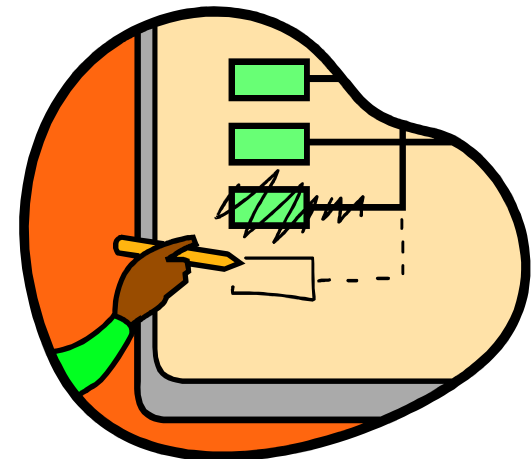
- Working with Adult Care to understand the implications of the Care, Accommodation and Support Strategy
- Improving urgent care
- Improving nursing care
- Improving primary care
- Improving hospital care

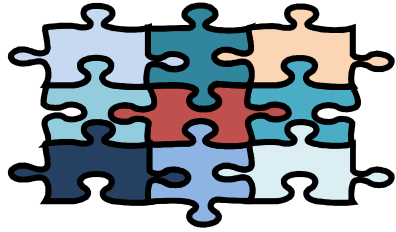




So where are we with this aspiration?

- Change is inherent in any large public sector organisation and improvements are being made continuously
- Some changes have already been implemented to start to meet these demands
- It is now time to build on these incremental changes to bring about significant change
- The change to this way of working will not happen overnight
- To move to this way of working will need a culture shift across the health and social care community





Why have we shared this with you today?

- You and/or your organisation may have a role to play in helping to bring these changes about
 - What could your personal role be?
 - What could your organisation do?
 - What is already happening that we don't know about that could contribute to this agenda?
 - Have you ideas of things that we could set up that would ensure success?
 - How should we get this message across? Who to? Do you know of any groups or opportunities that we could use to share the proposals?