



# CHRONIC DISEASE PLAN

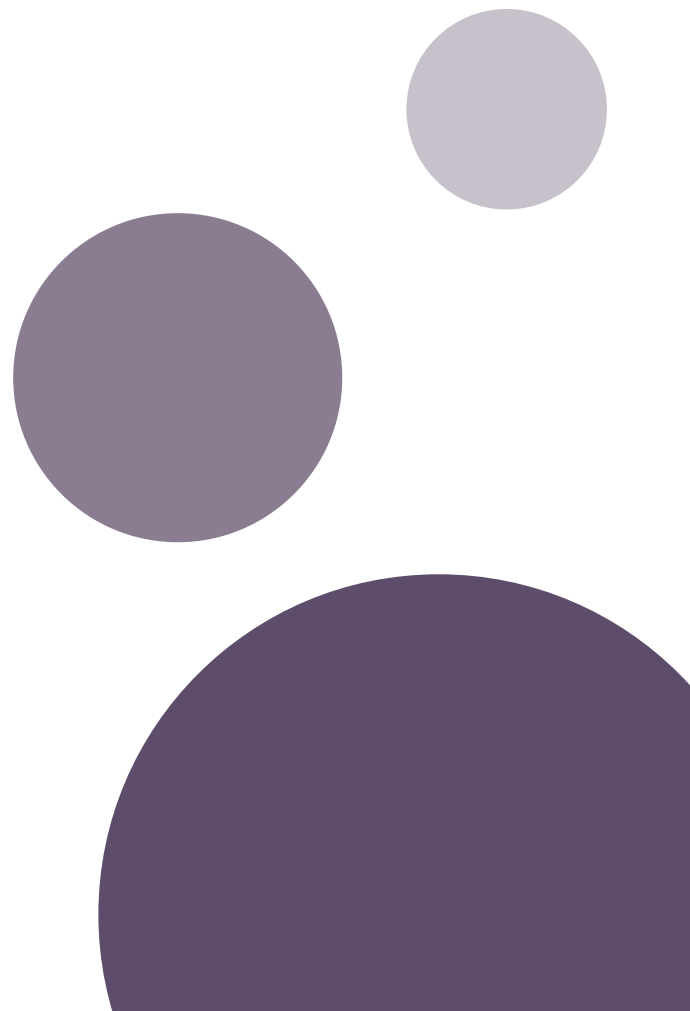
2024 - 2026





# CONTENTS

2	Introduction
4	Diversity of Staff Team
5	Background
6	Prevention
7	Our Vision
7	Moving Forward
10	Self-Management
12	Chronic Pain Outcomes
13	Time Frame



# INTRODUCTION

Responding to the Major Conditions Strategy, Case for Change, our Chronic Disease Plan explains how we, as an organisation, are developing our health programmes and approaches to work in collaboration with partners via co-design and change the trajectory of chronic disease across Derbyshire.

The Department of Health long term plan states around 15 million people in the UK are living with a long-term health condition (chronic disease). Good health is the foundation of a good life and at a community level contributes to greater productivity, reduced inequality, and a decrease in the demand for health services. Derby County Community Trust's Health Department aims to support people who are living with chronic disease.

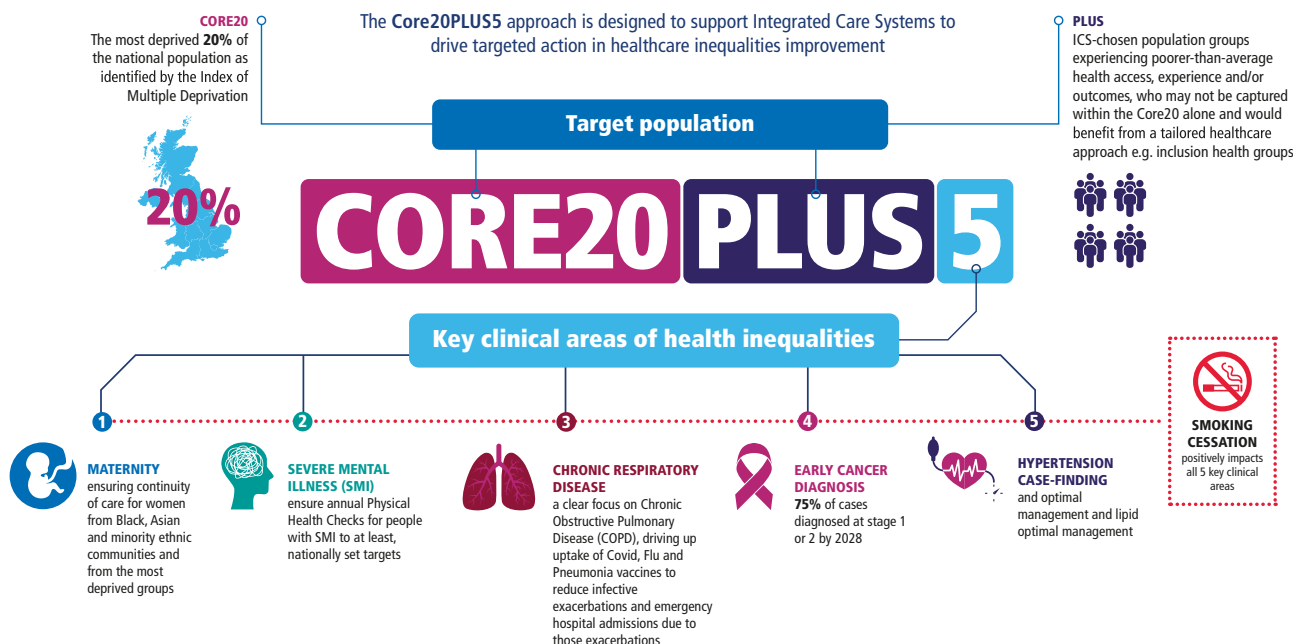
This Chronic Disease Plan explains how we as an organisation are developing our health programmes and approaches to work in collaboration with partners via co-design to support in changing the trajectory of chronic disease across Derbyshire. The plan also outlines how we will support residents in Derbyshire to make healthy lifestyle choices, take steps needed to prevent disease by intervening early and support people to manage living with their chronic conditions.

In Derby, 1 in 4 people within the population live with two or more chronic conditions (Fingertips Public Health data 2023). The focus of this plan is the prevention of chronic diseases, such as cancer, muscular skeletal disease (MSK), chronic respiratory disease, type 2 diabetes, cardiovascular disease, pain management, hypertension and mental health.

The plan will be part of Derby County Community Trust's two-year Health Strategy which is designed to improve the wellbeing of individuals to live longer and happier lives. It also takes into consideration the Core 20PLUS5 NHS England's Improvement approach by reducing health inequalities across our system.



## REDUCING HEALTHCARE INEQUALITIES



A renewed focus on chronic disease is critical to the overall realignment of healthcare services as we seek to achieve better health and better care for all residents living in Derbyshire. With our partners, Derby County Community Trust aims to offer a model that is built around the whole person rather than the condition.

The plan is in keeping with goals and objectives set out in Derby County Community Trust's Health Strategy and the Integrated Care Boards across Derbyshire - all of which aim to support and empower individuals, families and communities to achieve optimal health and wellbeing with a sustainable system.

Evidence tells us that health and wellbeing is driven by complex interactions of individuals' lifestyle and environmental factors. Joined up action across all stakeholders with an interest in delivering better health outcomes for Derbyshire will support individuals living with chronic disease.

Derby County Community Trust recognises the work we already deliver supports participants living with chronic disease within Derbyshire. This plan complements ongoing work led by primary and secondary healthcare in the vital areas of primary prevention, health promotion and healthy active living. This plan will help address the increasing burden of chronic disease and is committed to implementing effective prevention, early intervention, and chronic disease management.

Chronic disease prevention and management can occur in a variety of settings such as home, schools, workplaces and within local communities. This Chronic Disease Plan aims to increase awareness and engage individuals in their own health by enhancing the effective prevention and management of disease delivering on key local and national priorities. It is recognised that actions delivered by the health services alone will not be enough to meet the challenges ahead for those living with chronic disease, therefore this plan will be delivered in partnership with a wide range of stakeholders including non-government organisations, communities, voluntary and private sector organisations.



# DIVERSITY OF STAFF TEAM

Derby County Community Trust's health team currently consists of 24 full time staff members with a wide range of professional backgrounds, offering a variety of clinical and non-clinical support to community members.

We deliver non-traditional health initiatives across all community settings within Derbyshire, adjusting the way we engage and deliver programmes to meet the needs of the target audiences.

Current specialisms in the health team include:



*Early years*



*Teachers*



*Nurses (including cancer lead and midwifery specialisms)*



*Holistic therapist/  
reflexologist*



*Yoga*



*Cardiac rehabilitation*



*Cancer Rehabilitation*



*Pre and post-natal exercise*



*Exercise referral*



*Substance recovery specialist*



*Community coaches*

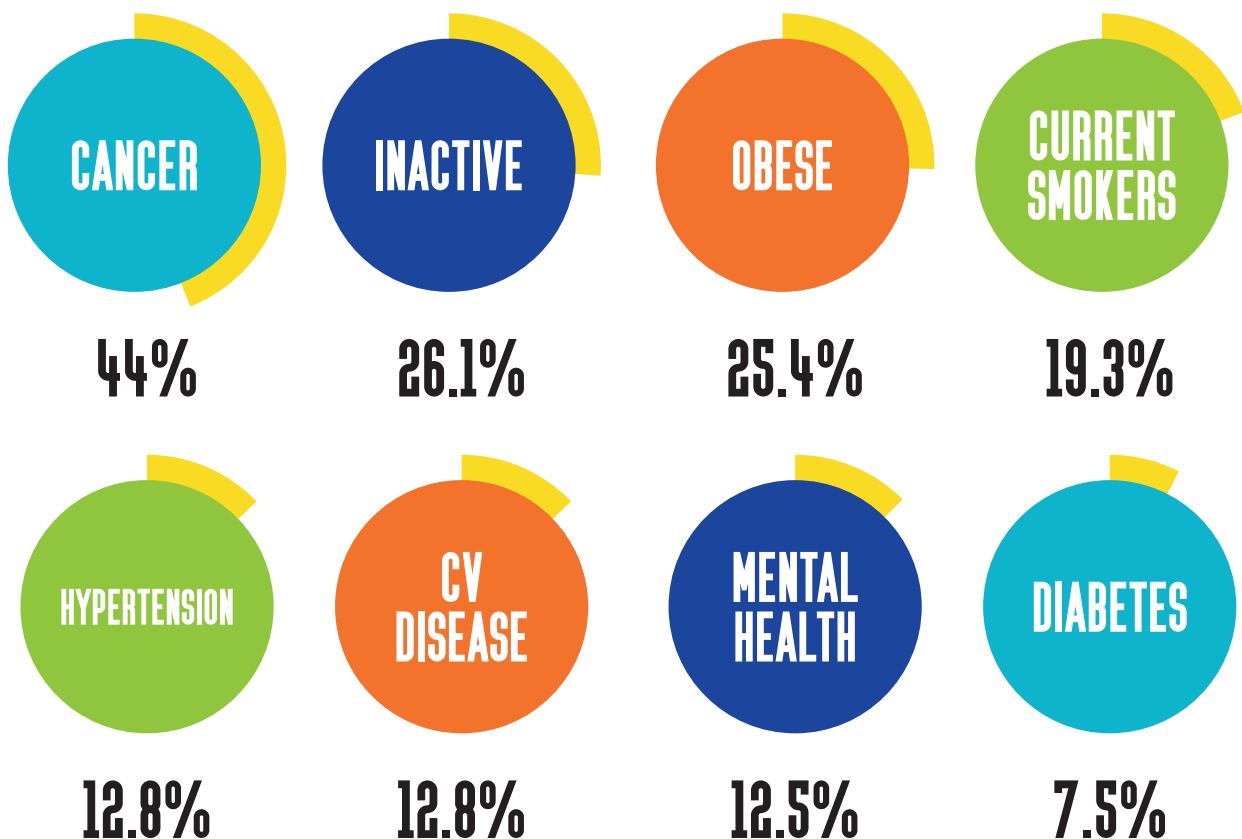
# BACKGROUND

It is estimated that 1 in 4 people living in Derby have two or more chronic diseases. Evidence clearly shows that these challenges have a negative impact on health outcomes, resulting in poorer quality of life, increased costs of delivering health care services and decreased economic growth.

While diabetes, cardiovascular disease, cancer, chronic respiratory disease, MSK, mental health and pain management continue to be high priorities, they cannot be addressed without considering a person's overall health. This Chronic Disease Plan outlines health system initiatives in the areas of prevention, self-management, treatment, and care.

Derby has a higher than average percentage of people living with long term health conditions, and also has a higher than national average of people who are obese, inactive and smokers.

## PERCENTAGE OF ADULT POPULATION AFFECTED IN DERBY



Evidence suggests that regular physical activity can help prevent and/or reduce the risk of developing many common chronic conditions. As a result, becoming more active could reduce the risk of developing a number of health conditions. As part of this plan, Derby County Community Trust, along with our partners, will deliver a multi-faceted approach which will incorporate emotional support, healthy eating and physical activity to those most at risk.

We already deliver several high-quality programmes which tackle health disparities and promote inclusion. We aim to provide a holistic approach to health and wellbeing, which is person centred and empowers people to achieve their personal health goals.

# PREVENTION

Reducing the incidence of chronic disease risk begins with keeping people healthy. This can be achieved through actions such as ensuring access to affordable and nutritious food, providing opportunities for physical activity, developing personal coping skills and creating health-supportive environments. Derby County Community Trust has a known track record in supporting the delivery of healthy active living initiatives, involving a wide variety of stakeholders.

While some chronic disease risk factors cannot be changed, such as age, gender, and family history, research shows that efforts focused on risk factors such as smoking, unhealthy eating, alcohol use and physical inactivity contribute to the prevention of chronic disease. Derby County Community Trust plays an important role in ensuring individuals are empowered to take action for healthy living and the following initiatives highlight actions to enhance prevention.





# OUR VISION

## Dial a Wellbeing Coach:

Derby County Community Trust will make it easier for individuals and families to make healthy lifestyle choices. Through this service, the residents in Derbyshire will be able to call a Wellbeing Coach to ask questions, receive information on healthy lifestyles and be referred to additional support services.

Health and Wellbeing Coaches are trained to provide advice and guidance about physical activity, nutrition and healthy living, they will use the best available evidence which will in turn determine guidance and recommendations for individuals.

### ACTIONS:

- IN 2024, EXTEND THE NON-FACE-TO-FACE CONTACT.
- IN 2024, RAISE AWARENESS ABOUT THE SERVICE TO LOCAL RESIDENTS AND PRACTITIONERS.
- IN 2025, EVALUATE THE OFFER.

## Prevention and Screening:

Prevention and screening have been shown to reduce negative health outcomes and lower the burden of chronic disease. Derby County Community Trust will support care providers to improve chronic disease prevention and screening within primary health care settings and within communities.

Within the health programmes at Derby County Community Trust, individuals are supported to address lifestyle behaviours associated with this plan. Programme participants will benefit from improved health outcomes and the ability to proactively manage their health and the health of their families.

### ACTIONS:

- IN 2024, WIDEN OUR PARTNERSHIP WITH PRIMARY AND SECONDARY CARE AND COMMUNITY ORGANISATIONS.
- IN 2024, WORK WITH PARTNERS TO FACILITATE ACCESSING THE SCREENING PROGRAMMES AVAILABLE.
- IN 2024, WITH OUR PARTNERS, WE WILL REVIEW THE DIFFERENT WAYS OF WORKING.

## Cancer Screening:

Cancer screening programmes target individuals who are at increase risk of developing cancer due to age and gender. The goal of these programmes is to detect the signs of pre-cancer or early-stage cancer to slow or stop its progress, or even to prevent cancer from starting.

Joined up action across all stakeholders with an interest in delivering better health outcomes is crucial. An integrated approach can maximise opportunities by education, promotion and recruiting participants.

### ACTIONS:

- IN 2024, EXPAND ON THE ALREADY SUCCESSFUL PROSTATE INITIATIVE TO INCLUDE BREAST AND CERVICAL SCREENING.
- IN 2024, INCREASE THE NUMBER OF HEALTH PROMOTION ROADSHOWS WITHIN COMMUNITIES AROUND CANCER SIGNS AND SYMPTOMS.
- IN 2025, LINK WITH SCHOOLS AND UNIVERSITIES TO DELIVER HEALTH PREVENTION WORKSHOPS.

## Chronic Diseases and Management of Long-Term Health Conditions:

Individuals living with chronic diseases can benefit from a case management approach where they are fully supported through Derby County Community Trust. We will work with healthcare and other services which make up the local Integrated Neighbourhood Team which include Livewell, Primary Care Networks, Team UP Derby City (Primary Healthcare Derby Ltd), University of Derby and Burton Hospitals and others to optimise and recognise the patients living with chronic disease.

We will take into consideration each individual's needs and include tailored treatment plans, long term support, system navigation and lifestyle choices. It is important to know that what we deliver is making a difference to those living with chronic disease.

### ACTIONS:

- IN 2024, CARDIOVASCULAR DISEASE, TYPE 2 DIABETES, MSK, PAIN MANAGEMENT, MENTAL HEALTH, CHRONIC RESPIRATORY DISEASE, HYPERTENSION, AND CANCER WILL COME UNDER THE UMBRELLA OF DERBY COUNTY COMMUNITY TRUST'S CHRONIC DISEASE ACTION PLAN.
- IN 2024, BUILD ON THE PARTNERSHIPS BETWEEN PRIMARY AND SECONDARY CARE.
- IN 2024, UTILISE THE NURSING TEAM WITHIN TEAM UP DERBY CITY TO HELP WITH LONG TERM CONDITION MANAGEMENT OF PATIENTS WITHIN THE COMMUNITY.
- ON 2024, LINK WITH THE PRIMARY CARE COMPLEX NEEDS SERVICE.

# MOVING FORWARD

Derby County Community Trust's Chronic Disease Plan includes commitments that will be implemented over the two next years. These commitments represent a concrete effort to address some of the healthcare challenges faced in the city.

With strong and co-ordinated actions, we can all ensure individuals receive the right support, in the right place, at the right time. Recognising the work Derby County Community Trust does, along with support from others, will enable individuals to achieve optimal health and wellbeing.

Addressing the challenges surrounding chronic disease will be a complex and difficult task. Changes in the healthcare system will not address the underlying social determinants of health that have the biggest impact on Derbyshire's health outcomes. To address these challenges there is a need to work closely with Integrated Care Boards (ICBs), Primary Care Networks (PCNs), Team UP Derby City (Primary Healthcare Derby Ltd) and others, with Derby County Community Trust being part of this collaboration.

We will continue to work with our partners, find opportunities to collaborate on positive change, trial new innovation and continue to monitor and evaluate the impact of provisions offered to our local communities.

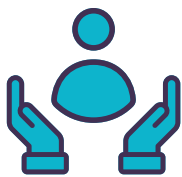
## OVERALL ACTIONS:

- **IN 2024, EXPAND AND DEVELOP HEALTH PROVISION OFFERED THROUGH DERBY COUNTY COMMUNITY TRUST.**
- **IN 2024, DEVELOP NEW PARTNERSHIPS ACROSS THE INTEGRATED NEIGHBOURHOOD TEAMS.**

# SELF-MANAGEMENT

Individuals can learn the skills to manage their own health and wellbeing through self-management education and support, using a recovery-focused approach. Good self-management practices have been shown to slow disease progressions, often prevent complications and/or disabilities, and may reduce hospital visits.

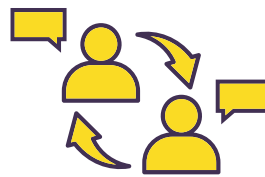
## SELF-MANAGEMENT SUPPORT METHODS



**EMPOWERING INDIVIDUALS**



**VIRTUAL SESSIONS**



**ONE-TO-ONE COACHING**



**GROUP WORK SESSIONS**

## LEARNING OPPORTUNITIES



**SET PERSONAL GOALS**



**IDENTIFYING TRUSTED INFORMATION**



**PROBLEM SOLVING**



**BEHAVIOUR CHANGE SUPPORT**



**ONE-TO-ONE SESSIONS WITH WELLBEING COACHES**



**PEER SUPPORT GROUPS**

Derby County Community Trust's health programmes are funded through an array of external funding organisations, they are free of charge and are designed to help people positively manage their daily challenges of living with a chronic condition.

An example of this is the 10 Footsteps Living well with Pain programme. Workshops are co-led by previous participants who live with chronic pain. Workshops consist of six sessions and are delivered for 2 hours each week. Sessions include how to manage chronic pain, breath work/relaxation techniques, muscle relaxation/reflexology and coffee and cake sessions.

The Chronic Disease Action Plan aims to offer personalised, comprehensive, adaptable support by working collaboratively with practitioners and individuals across Derbyshire.

## PERSONALISED

This approach is tailored to the unique needs and risks of each individual. They will be empowered to become active participants in their health and make meaningful health goals that are important to them

## COMPREHENSIVE

A comprehensive approach that proactively address multiple chronic diseases, not just one single disease, including the root causes – diet, physical activity, smoking and alcohol

## ADAPTABLE

The plan provides a framework to shift from chronic disease management to prevention and screening, which can be adapted into any primary care practice setting without disruption current workflow

## COLLABORATIVE

This plan provides a framework for practitioners to come together in the shared goal of improving prevention efforts

Individuals living with chronic diseases can live a healthy lifestyle through the active management of their conditions. Empowering individuals and providing the tools to increase their confidence and ability to manage their chronic conditions will enable individuals to manage the challenges of living with a long-term disease.

Derby County Community Trust, in partnership with other healthcare providers/practitioners and social prescribers aim to support individuals to manage their own health and wellbeing by improving their quality of life. We offer structured advice and support around physical activity, nutrition, and emotional wellbeing, aiming to stimulate long-lasting behaviour change which will mitigate the risk of developing chronic disease. Individuals will benefit from Derby County Community Trust's Wellbeing Coaches to reduce their risk and improve their personal health management.

Creating healthy lives is a collective responsibility which includes empowering individuals to manage their own health and adopt healthy behaviours. This could help individuals to maintain independence and reduce the risk and prevalence of long term health conditions/chronic disease.

# CHRONIC PAIN OUTCOMES

1

## WE AIM TO IMPROVE INDIVIDUALS' LIFE CHOICES

We will deliver a timetable of activities to support individuals social, emotional and physical health which will lead to a measured improvement in individuals health and wellbeing.

2

## INCREASE PHYSICAL ACTIVITY LEVELS OF INDIVIDUALS

We will work with 600 individuals per year to increase their physical activity levels, charting a measured improvement in physical activity.

3

## SUPPORT INDIVIDUAL TO EAT A HEALTHY DIET

100% of participants will be given advice on 5-a-day intake and nutrition, leading to a measured improvement in healthy eating.

4

## IMPROVEMENT IN MENTAL WELLBEING

All participants accessing the programme will complete the Warwickshire Edinburgh Mental Wellbeing scale and demonstrate an increase in mental wellbeing scores.

5

## SUPPORT IN THE REDUCTION IN PRESCRIBED MEDICATION

We will work with 3 Primary Care Networks in the city to support all referred participants to reduce their prescribed medication by 30%.

6

## SUPPORT IN THE REDUCTION IN GP VISIT

Through the delivery of the pain management programmes, all participants will see a reduction of 40% in GP visits.

7

## SUPPORT INDIVIDUALS TO LIVE WELL WITH PAIN

We will work with all GPs across the city to support patients to live well with pain, delivering a wide range of daily activities to support patients to exercise safely whilst managing their pain.

# TIME FRAME



# CHRONIC DISEASE PLAN

## 2024 - 2026



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