

## **CSIP NETWORKS DARZI INFORMATION SHEET 3**

### **Overview of the Strategic Health Authority Reviews to Lord Darzi**

#### **Introduction**

This Information sheet looks around the regions at the Strategic Health Authority (SHA) reviews. It does not detail each SHA's specific response to Lord Darzi's review of the NHS but draws out some of the key emerging themes.

#### **Background**

In line with the national review's terms of reference, the nine SHAs have engaged with patients, NHS staff and members of the local public to address four challenges as part of the review:

- ➔ Working with NHS staff to ensure that clinical decision-making is at the heart of the future of the NHS and the pattern of service delivery
- ➔ Improving patient care, including high-quality, joined-up services for those with long-term or life-threatening conditions, and ensuring patients are treated with dignity in safe, clean environments
- ➔ Delivering more accessible and more convenient integrated care - reflecting best value for money and offering services in the most appropriate settings for patients
- ➔ In time for the 60th anniversary of the founding of the NHS, establishing a vision for the next decade of the health service which is based less on central direction and more on patient control, choice and local accountability. It should also ensure services are responsive to patients and local communities, whatever the circumstances.

Each SHA has now published its vision for world quality care in its respective region over the next ten years. SHA reviews have incorporated a number of distinct areas, including work undertaken by clinical pathway groups each looking at a major area of NHS care with input from a wide range of stakeholders. The eight areas covered by the SHAs (as set out in the national terms of reference) cover:

- ➔ Staying healthy
- ➔ Long-term conditions
- ➔ Mental health
- ➔ Acute care
- ➔ Planned care
- ➔ Maternity and newborn care
- ➔ Children's services
- ➔ End of life care.

The 'Our NHS, our future' and individual SHA websites have full and summary reports as well as documents from groups set up to review the areas identified above<sup>1</sup>.

The approach taken by each SHA in setting out its vision for the next ten years has varied to reflect local demographic factors, priorities and targets. In his website blog, Lord Darzi commented that each SHA review launch had its own flavour and focus.

"The North West SHA has put the accent on communication, public engagement and patient empowerment, The South West on ambition and quality while Yorkshire and the Humber's event, in front of an audience of trainee health and social care professionals, concentrated on how healthcare will change in the future."

Lord Darzi also identified many common themes from the SHA reviews.

“Prevention was high on every agenda, with SHAs determined to promote healthy diet and lifestyle, and tackle childhood obesity, excess drinking, smoking and sexual health issues. The desire to empower patients and give them more choice through better communication was universal, as was the desire to tackle inequalities in health care and access to services.

*“There was also determination to exploit new technology, particularly with a view to moving health care into the community, for example in enabling patients with long-term conditions to self-care through technologies such as home monitoring.” (See Information Sheet 2)*

He continued: *“Each SHA expressed the desire to be more responsive to, and de-stigmatise, mental ill-health. There was also determination to set up specialist centres for the treatment of acute, life-threatening conditions such as heart attack and stroke.”<sup>2</sup>*

All reviews recognise the importance of healthier lifestyles and the role of the individual in reducing obesity and smoking which can lead to heart and respiratory problems as well as diabetes. Recognition is given to the growing numbers of people with dementia and the importance of significant improvements in a range of services including mental health and end of life services.

Prevention is emphasized together with care closer to home and the importance of choice. Specialist care, urgent care and the provision of innovative arrangements for delivering integrated services are considered. The importance of continuing stakeholder engagement and workforce development is recognised as being fundamental to making progress over the coming years.

The reviews also recognise the importance of continuing to move forwards and being innovative - coupled with ensuring there is a good evidence base for a range of care pathways (eg standards for end of life care, long term conditions).

In some cases, the reviews extend beyond a broad vision into specific targets (e.g the South West). Trusts and their partner organisations in each SHA area will be responsible for delivering the vision. The potential for some variation in standards from region to region based on local priorities and stakeholder consultation is likely and will need to be considered carefully.

The reviews extensively cover a range of healthcare issues - many of which will cross boundaries into social care. Joint approaches to commissioning across health and social care are considered important in a number of areas to provide more integrated services. The extension of social care personal (or individual) budgets to healthcare support for long term conditions is under active consideration in a number of areas.

## **Key SHA themes**

This is not an exhaustive list and does not suggest that individual SHAs have a better or worse approach.

On care close to home:

- ➔ In West Midlands, the focus is particularly on patients with long-term conditions. By developing a skilled and flexible workforce, we will be able to provide high-quality, integrated care in the community. Informed patients will be true partners in their own care, while care closer to home should also mean earlier interventions for those with long-term conditions.
- ➔ Yorkshire and Humber SHA envisage a wider range of services to avoid having to go to A&E. There will be new roles pharmacies, extended primary care and urgent care centres. There will be better support for people to look after themselves, including a self-care manual and a single telephone number for local urgent care and out of hours care.

#### On end of life care:

- ➔ In East Midlands, patients will be allocated a key worker who will be their advocate. This person will coordinate care and assess, support and review the needs of both patients and carers in the last months of life. Patients will be given more choice in decisions about care and their preferred place of death. Their choices will be recorded in an advanced care plan that is available to all the team involved in their care and will take away the guesswork for future caregivers. Services will be in place, available 24/7, to respond to the changing needs of patients and carers. These will include rapid response services, hospice at home and hospices. Carers will have an assessment of their own needs and there will be systems in place to support them if they become unable to continue caring.

#### On integrated services and choice:

- ➔ In the North West there would be high quality and streamlined access to urgent care across health and social care so that a fully integrated service is delivered close to home.
- ➔ The East Midlands review looks at exploring the potential for 'virtual wards' - using the systems and staffing of a hospital ward but without the physical building, thus providing care for people in their own homes. The SHA would look at promoting and extending choice for patients and their carers, including lifestyle choices to prevent future ill health, choice of different treatments, choosing not to have treatment and a choice of where to have treatment.
- ➔ In Eastern region, the review considers services that are more accessible and integrated; delivered by a flexible and skilled workforce.
- ➔ South Central will offer real choice to patients within the framework of services they commission. They will support patients in exercising choice by providing better access to clinical and other information to help them make decisions that will achieve the best care and outcome for them.

#### On long term conditions:

- ➔ In London, many people with long-term conditions have not been diagnosed. Up to a third of people with diabetes may be undiagnosed, putting them at risk of blindness and amputation. London will spend more on helping people with long term conditions stay as healthy as possible by investing in more services, GPs, specialist nurses and other health professionals. People with long-term conditions like diabetes should be supported to stay at home. After an operation, patients should recover as close to their homes as possible.
- ➔ South East Coastal envisages that you will be able to have medical tests to help diagnose and manage your illness on your local high street or at home. All patients will hold their own medical records. By 2010 health and social care will be jointly planned and purchased for long-term conditions so that people will receive care that is tailored to their needs. By 2011, 90% of patients with long-term conditions will have personal care plans. By 2012 all patients will receive ongoing support, education and training to help them better manage their own condition.
- ➔ In South Central, patients will be much more directly involved in their own care if they wish and will be given meaningful choice in relation to their care plans. They will be encouraged and helped to develop expert knowledge and understanding of their own condition and to take responsibility for managing and delivering their own care wherever possible. Patients will be actively involved in collecting monitoring data, for example by inputting measurements online or via mobile phones. Systematic assessment of risk in primary care will lead to earlier diagnosis and definitive management of LTCs. Integrated clinical assessment units in community settings will be used to complete the diagnosis and develop personalised care plans efficiently, minimising the number of visits required. Patients at risk of frequent exacerbations will be identified using tools such as the Kings Fund's PARR tool. Care can then be directed at preventing and managing these episodes more effectively.

## The next steps for the SHA reviews

Since the reviews were published in June 2008, SHAs have been involved in further consultations ahead of detailed PCT plans due later in 2008. These will no doubt include arrangements for monitoring progress over the longer term.

The Final Report from Lord Darzi effectively picks up the range of issues from the SHA reviews that require policy amendments, implementation support and - in some cases - the possibility of legislative change.

Additional summary information about the SHA reviews, *Visions for care in strategic health authorities* (Kings Fund, July 2008) is available here<sup>3</sup>.

### References

---

<sup>1</sup> <http://www.ournhs.nhs.uk>

<sup>2</sup> <http://www.ournhs.nhs.uk/2008/06/10/shas-rise-to-the-challenge/>

<sup>3</sup> [http://www.kingsfund.org.uk/publications/briefings/visions\\_for\\_care\\_in.html](http://www.kingsfund.org.uk/publications/briefings/visions_for_care_in.html)