

Agenda item 5

DERBYSHIRE HEALTH AND WELLBEING BOARD

29 June 2017

Report of the Strategic Director Adult Care and Public Health

LOCAL COMMUNITIES: JOINED UP CARE DERBYSHIRE

1. Purpose of the report:

To provide the Health and Wellbeing Board with an overview of the Local Communities Joined Up Care Derbyshire – a shadow STP, which was published on 1 April 2017.

2. Information and analysis:

Voluntary Sector carer representatives in Derbyshire and Derby City have developed a shadow document which complements the development of the Derbyshire Sustainability and Transformation Plan (STP). A full copy of this shadow document is attached to this report for information.

The shadow STP outlines a range of issues and suggests that there needs to be a change in approach and culture on three levels:

- How individuals are supported across health and social care
- How local communities are proactively engaged in shaping change in their area
- How a change in approach alters organisational culture, skills and systems needed to make that change last forever

The report highlights a number of elements where the voluntary, community and faith (VCFS) sector can contribute to the development and delivery of the Derbyshire STP. The document highlights a number of specific areas of work including enabling individual decision-making, the role of carers and families, community solutions provided by the voluntary sector, peer support, self-help and community led solutions.

The shadow document provides a constructive challenge to the health and social care system within Derbyshire and proposes a number of actions which could be incorporated into the Derbyshire Sustainability and Transformation Plan, which would ensure that the role of the voluntary sector is reflected within the emerging partnership approach.

3. RECOMMENDATION

The Health and Wellbeing Board is asked to note the contents of the report and consider how this approach can support the development and implementation of the Derbyshire Sustainability and Transformation Plan.

**Joy Hollister
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Derbyshire County Council**

LOCAL COMMUNITIES: JOINED UP CARE DERBYSHIRE

A New Approach for All: A collaborative
document by community members
living in Derby & Derbyshire

A 'shadow' STP:
1st draft April
2017

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1 Introduction

Across England, plans to change the landscape of Health and Social Care have been drawn up by officials. These plans are called 'Sustainability Transformation Plans' (STPs). Locally, Derbyshire's plan is called 'Joined Up Care Derbyshire'.

Community representatives around the country are concerned that:

- Plans to change how care is delivered locally has been carried out behind closed doors without community input
- The complexities of the plans mask a reduction in NHS services
- Communities will be consulted after decisions are made

This document focuses on putting community-led solutions for Derby & Derbyshire at the heart of the Joined Up Care Derbyshire plan. The intention is to ensure local communities are at the forefront of the changes ahead.

About Us

This document has been co-written by community representatives across Derby & Derbyshire. In particular, local carers have driven the vision behind the document. We believe the Voluntary, Community and Faith Sectors (VCFS) best represent communities. (For an explanation about what is meant by the VCFS see page 6). We refer to the VCFS, and the importance of ensuring it's fully engaged in developing the Joined Up Care Derbyshire plan, throughout this document.

Goals

We want this plan to merge with the original Joined Up Care Derbyshire plan and then for the merged document to be consulted on.

We're aiming to achieve the following goals by setting out our vision for better care in Derby & Derbyshire. We want to:

- Ensure that Derbyshire & Derby's communities are not 'added in' at a later stage and 'consulted' about 'done deals'
- Explain the references in the original plan to local communities and the Voluntary, Community and Faith Sectors (VCFS) and expand on them
- Start a 'mature dialogue' between officials and community activists, including paid VCF representatives, where everyone has an equal say on how there can be real transformation of care within Derby & Derbyshire
- Provide every-day meaning to the aspirations within the original plan and set out how plans to transform care will change people's lives
- Support statutory agencies, particularly commissioners, to understand the wealth of existing expertise within communities which can help shape a new future for us all

- Explain how genuine change can be brought about by a fresh approach where people's needs are at the heart of everything - rather than a futile reliance on system-changes driven by officials
- Give examples of how 'common sense' community and self-care solutions, used in fresh, local and innovative ways, can lead to savings

Like the original Joined Up Care Derbyshire plan, this is an evolving document that will change as new developments take place and as new community voices emerge.

Wherever possible, we'll reference NHS guidance, local and national research and use real life stories to illustrate our points.

2 Challenges

Change in attitudes and type of conversations that take place between people and those paid to help others is the most difficult challenge of all. There must be a shift from people talking about 'services' to a facilitation of local people accessing the right resources at the right time. People should be encouraged and supported to make decisions about their own health and wellbeing needs. This aim is not explained in the plan but is referred to as 'self-care' or 'prevention' (SDCCG, 2016, p.13, p.15). The general approach is reflected in Derbyshire's 'wedge' – a diagram that shows an intentional and deliberate move from people automatically using 'specialist' care towards making decisions about their health and social care needs within community settings (see Appendix One, p.14 of this document for the diagram).

For the plans identified in Joined Up Care Derbyshire to work, there needs to be a change in approach and culture on three levels:

- How individuals are supported across health and social care
- How local communities are proactively engaged in shaping change in their area
- How a change in approach alters organisational culture, skills and systems needed to make that change last forever

The difficulty is that everyone is wedded to 'service provision' where there are right and wrong answers which only an expert knows. In many situations, including the context of health, there are a number of options possible. With the right information, people can make choices that are right for them.

Janet fell over in the street She said: 'I immediately knew I didn't have serious injuries, although I was badly shaken up. I went to the pharmacy to double-check my assumptions. I took painkillers to get me through the pain. I checked several reliable sources, to reassure myself that my decision to rest was the right one. Yet 90% of the people who saw me during that week immediately advised that I visit A&E to get checked over without even knowing the impact of the fall. I knew this was not necessary. I was prepared to take responsibility for my decision. Gradually, in less than a week, signs of the fall had disappeared. '

There are some people who don't receive the right health treatment because they:

- Are afraid.
- Bury the problem
- Hope it will go away

This would be less likely to happen if the accepted medical approach was to provide options for people to consider and choose from. People would feel more in control of their own health.

It is more likely that people will seek medical opinion (BBC News, Nov 2016) than avoid it. This is because we are taught we're not able to make decisions about our own health and that others need to inform us about what is needed. This is known as 'the medical model'. We recognise some people need more support than others about what external help to seek and when to do so.

3 Enabling Individual Decision-Making

People need to receive the right information at the right time so they make the right decisions about their own care. This is known as 'self-care management' (NHS England, 2013, page 23).

For this to happen, people need to:

- Access, understand and use the information they need to care for, and support, their own health and wellbeing
- Identify personal goals for themselves to improve their physical and mental wellbeing and prevent ill-health

Systems, and people within systems, need to:

- Facilitate collaborative decision-making between people – particularly people with long-term physical and mental conditions, their family/informal carers and the team that works with them
- Facilitate changes at every level so that self-care comes first before treatment is considered and enables people to make the right choices about where to go to address their care needs
- Ensure people have the information they need to make meaningful decisions

If funded, community projects are often forced to adopt a traditional services approach by 'commissioners' (those who fund them). There are, however, examples of innovative ways of supporting people within a 'self-care' framework, particularly within mental health, which need to be included in the Joined Up Care Derbyshire plans.

Frances had a rare, debilitating physical condition for many years that had no medical label. She said: "I struggled to get anyone, health professionals, friends or family to take my experience seriously. By researching the Internet, I finally found medical research and a label for my condition. Once I had this, I was able to communicate with health practitioners about my needs. I found a specialist outside Derbyshire via the NHS booking system. I was so knowledgeable about my condition that he asked me if I am a practitioner. I replied: "No, but I've lived with this condition for many years and I know it well". My knowledge led the specialist to discuss options with me. His information and approach enabled me to weigh up each option and finally make a decision which was right for me"

4 Carers and Families

People who matter in our lives have a key part to play in helping us keep well and healthy and cope with long-term health and social care needs.

Informal/family carers (people who look after someone they care about) should be:

- Seen as an equal member of the team of people who are making decisions to keep someone well or to help them recover from ill health (p. 19 of plan) to improve the chances of the right decisions being made
- Treated as carers when visiting (for example) hospitals rather than simply a relative
- Understood as having insight and knowledge about what helps keep their loved one well and safe
- Recognised as the person who often puts medical decisions into action (e.g. applies special treatments or ensures medication is taken)
- Given a 'Carers Passport' so that carers are more able to have an equal role in the care of loved ones (e.g. given an automatic right to be consulted on care options)

Mary said: 'I have to keep writing to my GP asking about options for my mother. I'm not consulted but I'm the one left with the stress of who to call and when to call them. I write to them asking for a plan and to be involved in that plan. They should be writing to me'

Being a carer for someone can place a heavy burden on our own health and wellbeing needs. Carers need to be supported and encouraged to understand and value a 'self-care' approach for the person we care for and ourselves.

5 Enabling Community Solutions

The Voluntary, Community and Faith Sector (VCFS) is a broad term to describe everything that happens in Derby & Derbyshire's communities. It includes:

- How we support each other informally, (e.g. if we help out a neighbour),
- Whether we 'formally' volunteer for a project (e.g. decide to help others we don't know for a specific period of time)
- Locally funded projects via grants or contracts
- Large national charities who work in our geographical area and many other areas as well

The local VCFS can provide:

- Quick simple solutions to complex problems
- Responses to people's needs without onerous assessments and bureaucratic challenges
- Ways of reaching the heart of what matters to people
- A long history of understanding, and being responsive to, local community needs
- Support for local groups to grow and develop (Via Community Action Derby (city) and what is known as 'infrastructure' or 'CVS' across the county)
- Experience of working with the communities we support in innovative and flexible ways and using that knowledge to improve Care in Derby & Derbyshire

- Supporting people to feel valued within Derby & Derbyshire by focusing on individual and group strengths
- Communicating in meaningful ways with communities
- Long-term tailor-made solutions specifically for Derby & Derbyshire
- An understanding of how to meet different needs within Derby & Derbyshire e.g. rural/urban, Black Asian Minority Ethnic (BAME) or disabled communities
- Skilled people who know how to engage with local communities rather than ‘consult’ them in tokenistic ways or expect lay people to attend bureaucratic and inaccessible committees – this engagement work often takes place through networks of different communities and groups

Current funding preferences (often known as ‘commissioning’ or ‘procurement’) is in danger of killing the innovation and flexibility the local VCFS excels at (House of Lords, March 2017, Lloyds Bank Foundation, 2016,). The local sector’s unique approach is vital if the Joined Up Care Derbyshire plan is to succeed.

PEER SUPPORT/SELF-HELP

Good peer support/self help enables:

- People to make decisions about what is right for them with their individual needs understood, valued and supported
- Shared experiences and shared information leading to individuals making choices which are uniquely right for them
- Increased knowledge and confidence
- Decreased social isolation (isolation can lead to a deterioration in health and wellbeing)
- An ability to know when to seek peer support/self-help solutions and when to seek specialist knowledge about how to navigate systems or make decisions about complex health needs (Creative Carers, May 2016)
- Individuals to undergo their own unique journeys, using the right information at the right time, with structured support throughout, if needed, so they find ways to meet their personal goals

This work is not free and is delivered at excellent value. People often need support to connect with Peer Support/Self-help approaches. It does, however, lead to more savings than a widespread dependence on statutory services where only well-qualified and well-paid practitioners have all the

Angela needed to take her elderly father on a holiday. She said ‘He was getting depressed without any kind of social interaction. To go on a canal trip would remind him of happy times in the past. He used to love narrow boats. I searched and searched the Internet and just couldn’t find a local one suitable for wheelchairs. I nearly gave up but decided to attend a local carers group to see what help I could get from others in my situation. There, someone had direct experience of an accessible narrow boat having taken HER father on a trip a few years ago and gave me the contact details.’

answers. This approach is captured in the Derbyshire wedge (appendix 1 of this document) and yet is not properly spelt out in the original Joined Up Care Derbyshire

COMMUNITY-LED SOLUTIONS

Community-led solutions, where people come together in groups to improve their own health and wellbeing, are already in place across Derby & Derbyshire. Those solutions should be included in planning for a changing future for Health and Social Care. These solutions include:

- A partnership between Adult Social Care, community volunteers and the VCFS in the city to create what are known as 'Talking Points'
- People who want help from Social Care can 'drop-in' or make appointments
- In some environments, the Adult Care team join up with community project teams to have conversations with people about needs
- Informal/family carers and community members create welcoming environments so local people can discuss their needs comfortably
- Resources are joined up at a local, neighbourhood level (Bains, 2017)
- Local communities, and projects set up to support them, are at the heart of changing approaches (Bains, 2017)
- Connecting people with local resources to meet specific needs (local projects demonstrate that this 'bridging' work is best carried out by, and within, communities (Bains, 2017) rather than new initiatives being artificially created by statutory agencies)
- Partnerships between communities and statutory agencies testing new approaches with community representatives leading the work
- Financial investment in local projects in order to encourage more community-led solutions

Our communities do need financial support. We need local community spaces to meet and plan. To support and encourage people to think differently about their own health and social care requires coaching and facilitation skills. These are different skills to those used in traditional services, regardless of which sector they're based in. However, by joining up the existing community resources in a way that makes sense to everyone, we save money (Bains, 2017). By working in equal partnership with statutory agencies, local VCFS organisations can bring in additional money to Derby & Derbyshire.

6 Changing a 'systems-culture'

We generally welcome the intentions in the original Joined Up Care Derbyshire plan. We do, however, have concerns that need to be urgently addressed if the plan is to succeed. They include:

- How the Outline Business Cases (STP Derbyshire, 2016) (explaining how arrangements are going to work) largely concerns itself with a re-juggle of systems
- A focus on 'restructure' (a shift in roles, who is responsible for what, and the systems which create rules for managing resources) has a long and unhappy history in the UK which hasn't fundamentally changed the way services are shaped and failed to lead to more responsive, flexible local Care services
- Without describing how communities will be at the heart of the changes; how there'll be a change in skills/culture/approach; the plan, including the supplementary documents (e.g.

Outline Business Cases) looks like past restructuring attempts with the real danger of nothing changing

- This time there is involvement of the, often reluctant, GP
- Data protection should not be used to prevent the sharing of contact information between health and social care and community projects – if big businesses can continually merge and take personal data with them it can't be beyond statutory organisations to find ways of sharing information so people get the community support they need. At the moment, people aren't being connected to community solutions they ask for because of the citing of data protection – this is wasting money.

There's little evidence that the emphasis the plan places on 'self-care' (SDCCG, 2016, p13, p15) is much more than health services based in different localities. This is in opposition to what is needed: a completely different approach requiring different conversations between everyone.

SINGLE POINT OF ACCESS

We're specifically concerned about the 'single point of access' model. It's referred to throughout the Outline Business Cases model (2016). 'Single points of access' don't work for local communities. It's a model that blocks up systems rather than improves them and it doesn't reduce time spent on supporting people.

25-year old Charlie said: 'If I need to make an appointment at my GP, it's quicker for me to walk round than it is to spend up to an hour on the phone waiting to get through to reception. This is really difficult for me because I work and I can only phone during weekdays. If I do get through, I often can't get an appointment for weeks. If I go to a Walk-In Centre, I'm there for hours, losing work time'

This model is already proven to create frustration, alienation and doesn't resolve people's needs or enable them to quickly find solutions and information for themselves.

We're advocating that the 'Talking Points' recently set up around the city are used to join-up a new approach to health. . "Talking Points' are a 'community hub' model (page 209 of the Outline Business Cases document). Adult Social Care are having different kinds of conversations with local people about needs – we think conversations, led by community projects, should also take place about self-care management (NHS England, 2014, page 6). They are conversations that need to move away from the 'medical model' (only an expert can tell you what to do) towards community-led solutions. Currently, GP's prescribe absolutely everything and that creates delays and 'bottle-necks'. With new thinking, local people should be able to access a range of helpful resources more seamlessly. This reduces costs and works better for people.

Investing In Local communities

What makes our communities vibrant, different, and solution-focused is thorough and proper engagement. Don't 'consult' us – ask us how to fix problems.

Current approaches towards funding the VCFS are stifling innovation and are in danger of killing off small local organisations (House of Lords, 2017, Lloyds Bank Foundation, 2016).

The approach, known as ‘commissioning’ or ‘procurement’ (a model used in the private and statutory sectors to award large contracts), doesn’t lend itself to the kind of local community projects championed in this plan or in Joined Up Care Derbyshire.

What we need locally is a way to fund local community projects. This needs to be accompanied by:

- A move away from bureaucratic and onerous processes because they disadvantage small local organisations who often have one person carrying out multiple roles
- Ensuring that solutions to problems identified by local communities are prioritised rather than funding processes which treats all organisations the same
- An avoidance of funding processes which enable national or local organisations to duplicate existing work, if it’s being done well
- A conscious decision to remove barriers in funding criteria which prevents small local organisations from bringing flexible solutions to the table e.g. it’s a procurement rule that an organisation should have more than twice the turnover of the value of the contract
- A favouring of local needs-led innovation rather than traditional service models
- A willingness to take risks when funding something new and an established trust in local organisations with experience and knowledge to find flexible solutions and record positive outcomes

These characteristics reflect the needs set out both here and in the original Better Care in Derbyshire document. We need an investment plan that actively supports local VCFS organisations that are doing things differently. This could include introducing mixed funding models and a renewed commitment to grants that specifically solve local problems (House of Lords, 2017).

A New Approach for All

ALL organisations need to re-learn what good community-solutions look like. There needs to be a move away from a service-driven model that provides answers for people in a standard inflexible way. The problem with that approach is that it’s wasteful and inefficient, especially if it doesn’t fit the needs of individuals. This model should be replaced by new approaches to care including:

- A change in the type of conversation taking place between people and paid support workers/professionals/specialists with an emphasis on how people can make decisions about their own health and social care needs
- Recognising and valuing different skills other than traditional ones e.g. coaching skills
- The skills workforce plan (as part of the Outline Business Cases, October 2016) should identify a range of these approaches e.g. coaching, action learning, ‘asset-based’ (a starting point of what people CAN do, rather than what they can’t) and particularly ensure that, where they’re found in the VCFS, they’re valued and utilized
- Facilitating learning between organisations about what works; particularly statutory health and social care services learning from the VCFS
- Facilitating resources, community groups/networks/forums that enable people to believe their voices are heard, including those who typically don’t have a voice within traditional ‘consultation’ structures

- Funding that goes directly to local communities rather than via a ‘broker’ who is employed by statutory agencies
- The first stop for someone needing help is to connect them to non-clinical community activities which support a range of social, emotional or practical needs (This is often known as ‘social prescribing’)
- A continuation of funding for ‘prevention’ (meaning that people are supported before they reach a crisis point to prevent that crisis from ever happening)
- A shift in approach, from providing ‘services’ and having ‘customers’ or ‘patients’, towards accepting that all of us are capable of identifying what we need and the steps to take to get us there (most of us need support to do this but a different kind of support than traditionally has been provided)
- A complete change in attitude and culture is required from all of us to achieve the vision within this plan
- People learning how to be in control of their own health decisions
- ‘Professionals’ learning how to stop ‘rescuing’ people (Bains, 2017) and support people to find their own solutions instead
- Genuine engagement with local communities, not ‘consultation’ after the fact

The shift requires a complete change in values/culture and ethics from us all at every level – individual, community and systems. It won’t happen over night but we can begin to plan for it – together.

7 Ways forward

We believe the following actions are needed to take community-led solutions forward and to make the Joined Up Care Derbyshire plan a reality. We’re concerned that officials and practitioners often do not recognise that they frequently lack skills that can generally be found in the local VCFS.

Action points that urgently need to be acted on across the three levels identified in the ‘challenges section’ (page 4) include:

INDIVIDUAL SOLUTIONS

1. Personal and lifestyle goals need to be at the heart of the changes and people need to be skilfully supported to genuinely take ownership of those changes
2. Local people need to be supported to identify their own personal health and wellbeing goals and move away from a service-driven way of meeting needs
3. The health and social care workforce need to be trained and supported to have different kinds of conversations with people
4. There needs to be time and resources spent on ensuring that information people need to make decisions about their own health and wellbeing is accessible and available at the right time and in the right way
5. Innovative, flexible solutions for individuals found within the VCFS should be celebrated and duplicated, where needed

6. Family/informal carers should be viewed as members of a team of people creating better care plans (via formal recognition such as Carers Passports)

COMMUNITY-LED SUPPORT SOLUTIONS

1. Peer support/self-help approaches need to be an integral part of 'community hubs' based in different locations –this should replace notions of a 'single point of access'
2. Skilled facilitators and community engagers within the VCFS need to be utilized so that the plan's objectives can be achieved instead of a further perpetuation of the current tokenistic 'consultation' exercises
3. Networks/forums/links and connections within Derby & Derbyshire's communities need to be resourced and strengthened so that new ways forward, centred on community needs, are identified and supported
4. Local innovative solutions which lead to better Care in Derby & Derbyshire should be learnt about and funded
5. Officials need to understand, and value, contributions brought by the VCFS and community members and find ways of meshing these contributions, practically and explicitly, with the new plans drawn up to change the health and social care landscape
6. Our communities' best, most innovative, leaders need to be involved in decision-making as equals and it should be on that basis they are invited rather than a sense of obligation to do so – that can lead to gatekeeping within the VCFS – we need to open doors for the visionaries within Derby & Derbyshire communities
7. New money, announced as part of the last budget, which is coming to local areas via this plan, needs to be invested in community-led solutions and additional money brought into Derby & Derbyshire through involvement of the VCFS, needs to be invested into making this plan work

SYSTEMS, APPROACHES AND CULTURAL CHANGES

1. Officials need to immediately ensure that community members and VCFS representatives are around the decision-making table – we shouldn't have to produce our own separate plan to articulate our vision for the future of Derby & Derbyshire
2. Funding leads should decide together how they will invest in the local VCFS to ensure local, community-led solutions are at the forefront of the Joined Up Care Derbyshire Plan
3. Operational plans needs to look beyond systems and describe how cultures and approaches, which encourage and support 'self-care', will be embraced (and use the action points here as a starting point to do so)
4. The systems and processes which do need to exist and change should support this new approach – not simply be a way of shuffling Health and Social Care Services around e.g. there should be community hubs rather than a 'single point of access' model
5. Personal data sharing should extend to relevant community projects as well as between health and social care

8 What Happens Now?

1. The co-writers of this document ‘Local Communities: Joined Up Care Derbyshire’ will call for a meeting with high level officials and politicians to make arrangements to join our plan with the one already produced
2. Once the two documents have merged, there should be full engagement with communities about implementing a community-led approach to the changing landscape of Health and Social Care in Derby & Derbyshire
3. If you’re a community member with a view about plans for Health and Social Care in Derby & Derbyshire, you can email us to feed into this document and/or ensure your views are held on record as the future takes shape. To contact the co-writers email:
v.snowden88@gmail.com

9 Further Reading

Bains, Sara (January 2017) Community and Personal Resilience Workstream Guide, Wellbeing Erewash

BBC online News (Nov 2016) ‘Don’t go to GP with runny nose, councils urge the sick’ (Accessed March 2017) at <http://www.bbc.co.uk/news/health-37871180>

Creative Carers (May 2016) How Derby & Derbyshire’s Carers Receive Information, (accessed March 2017 at <http://www.creative-carers.org/about-us/what-carers-say>)

Derbyshire STP (Oct 2016) Outline Business Cases, Southern Derbyshire CCG

House of Lords (March 2017) Stronger Charities for a Stronger Society
<https://www.publications.parliament.uk/pa/ld201617/ldselect/ldchar/133/133.pdf>

Lloyds Bank Foundation (December 2016) Commissioning In Crisis
<https://www.lloydsbankfoundation.org.uk/Commissioning%20in%20Crisis%202016%20Full%20Report.pdf>

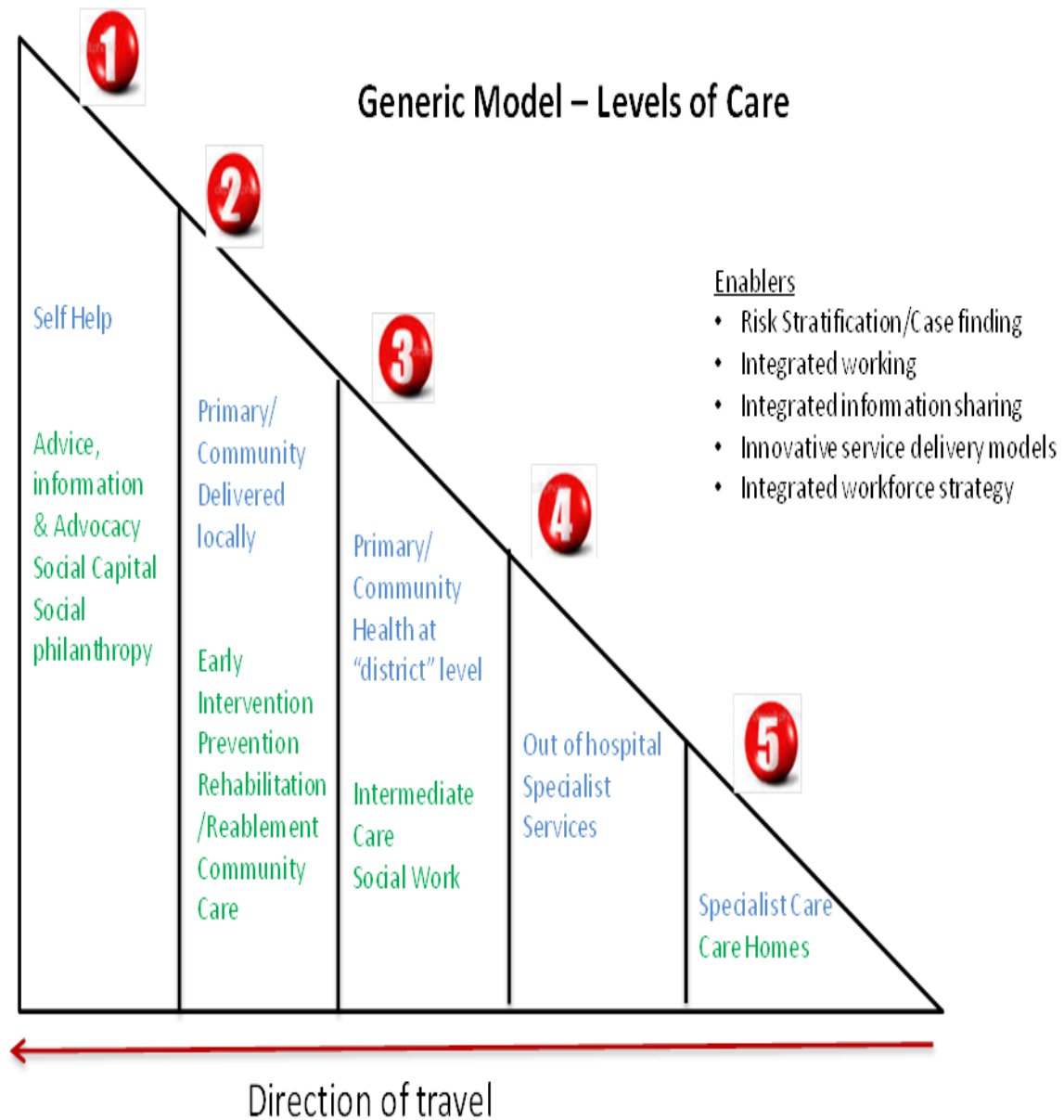
NHS England (2013) Transforming Participation In Health and Care, Publications Gateway reference NO: 00381

NHS England (October, 2014) Five Year Forward View

Derbyshire STP – Joined Up Care Derbyshire (October 2016) Outline Business Cases

Thompson, Gary (Nov 2016) ‘Joined Up Care Derbyshire’, (Sustainability Transformation Plan) Southern Derbyshire CCG

10 Appendix One



New Approaches for All

Changing Health and Social Care

We, a group of family carers living in Derby and Derbyshire, have come up with a plan.

It's a plan which places local communities at its heart.

Another plan has been written by officials. The government told them to write it.

We believe their plan does not make clear how community activity can meet Health and Social Care needs in Derby and Derbyshire.

That's why we've written our own.



We want:-

- Health and Social Care experts to give us information and resources so we can make decisions that are right for us
- People to have a bigger say in decisions about their own health needs
- Health and Social Care to work closely with local community projects so that we can all think outside the box together
- Family carers to be involved in individual Health and Social Care plans for our loved ones because otherwise we're often left on our own with no help

We're calling on local decision-makers to merge **OUR** plan with the original (called Joined Up Care Derbyshire).

To read our full and detailed action plan,
email: **v.snowden88@gmail.com** for a copy
or go to **<http://www.creative-carers.org/news>**

We'll also start putting it up on other community websites.

If you live in Derby and Derbyshire and want to feed your voice into our plan,
email **v.snowden88@gmail.com**

