



Faversham Network

Meeting your community's health and social care needs

A PICTURE OF
HEALTH

Your CCG

“The CCG is the practices and the practices are the CCG. There is no separate CCG to the member practices.”

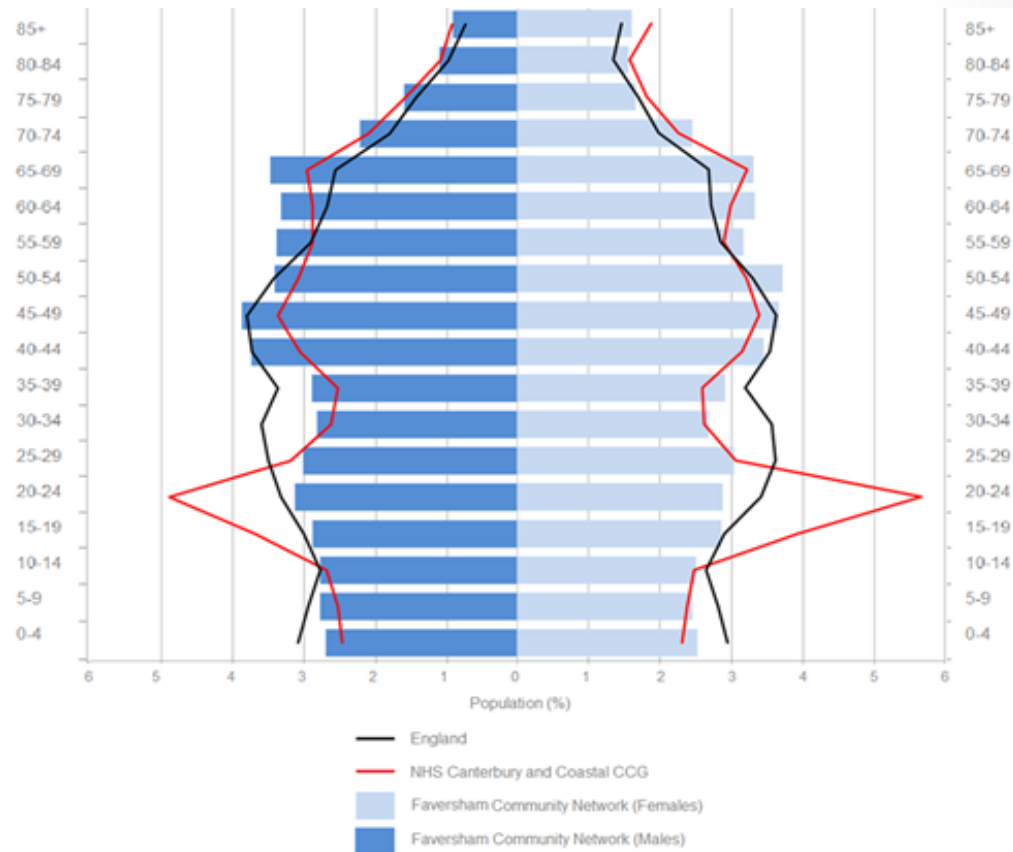
- *Dame Barbara Hakin*

CCG Health and Demographic Profile

- The CCG area is made up of 34 electoral wards
- The CCG has 22 GP practices with 13 branch practices.
- It has a total registered population of 111,269 females and 104,016 males as of 31/12/2014.
- It has a higher proportion of registered patients aged 65+ and 85+ compared to the Kent average.
- The most deprived areas are in Gorrell, Davington Priory, Heron, Wincheap, Barton, Greenhill & Eddington, Seasalter, Watling, Northgate, Westgate and Abbey wards.

Faversham Population Profile

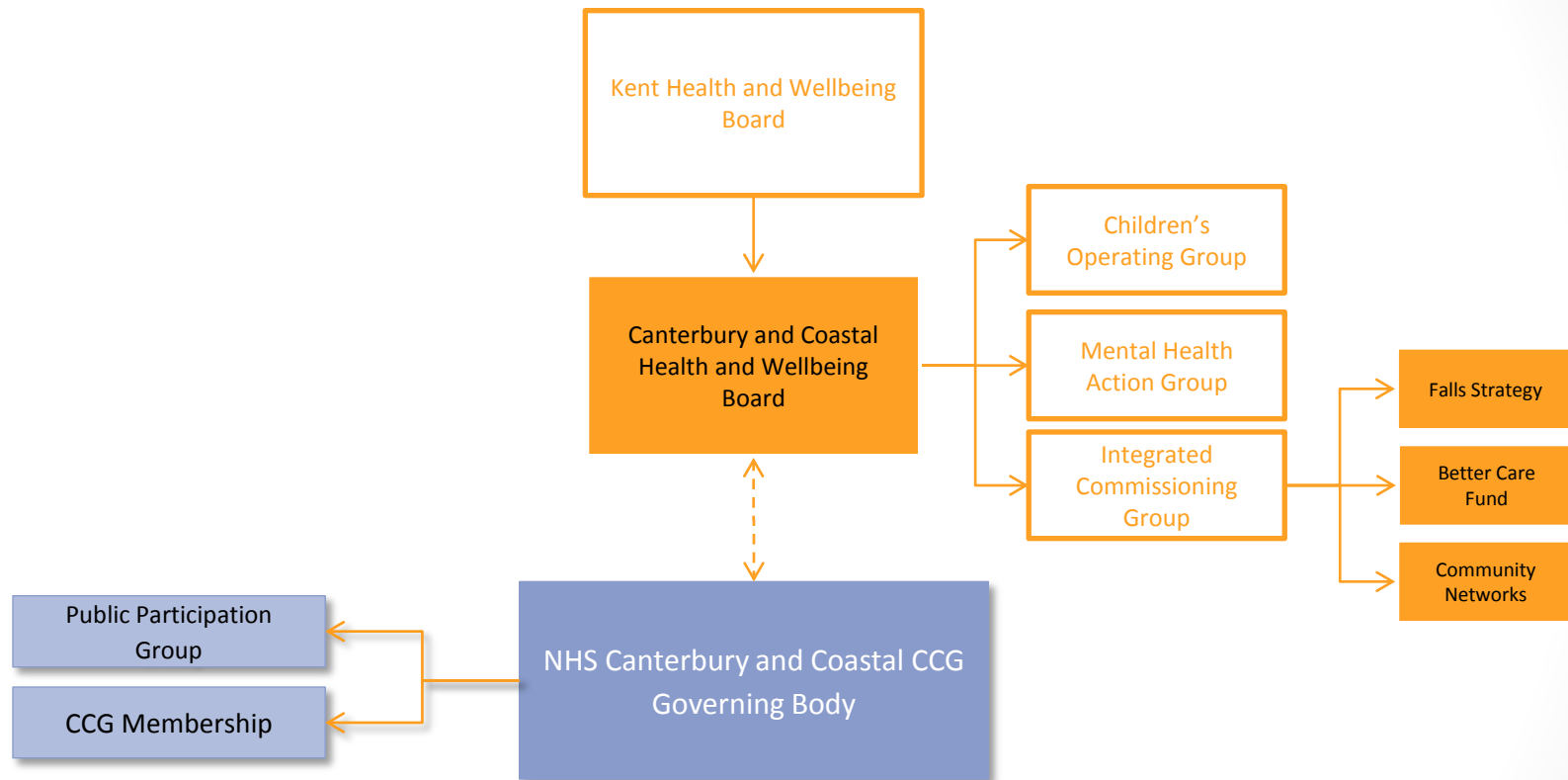
- Higher proportion of under-19 year olds and 60-75 year olds living in Swale than the national average
- There is a relatively high proportion of people aged over 65 in the Faversham area, compared with the rest of Swale



Finance and Workforce challenges

- National £2bn increase above original planned allocations
- Generic uplift = 1.94% of which winter money is 0.54%
- Canterbury & Coastal CCG growth in funding of 1.02% per capita, all of which (and more) will be devoured by CHC and Prescribing
- In comparison West Kent CCG growth is 5%
- National average growth per capita - 2.85%
- 2 – 3% efficiency required in Forward View
- Sustainability of workforce is an issue
- Shortage of GP's
- Shortage of hospital specialists
- Need to grow and upskill a different workforce that can take on tasks previously undertaken by health professionals

Local Scrutiny



Review of 2014/15: Our Performance

- Each priority was led by a GP Clinical Lead and supported by a team of commissioning staff.
- Patient and public views were incorporated in both the setting of these priorities and as the work programme emerged
- A number of projects have been delivered during the first year of our plan. Examples of these are:
 - *Long Term Conditions*
 - Community Networks have been set up
 - Increased our dementia diagnosis rates
 - Our care homes projects have led to a reduction in urgent care attendances and admissions
 - *Mental Health*
 - Primary Care base mental health workers are now in place
 - Significant progress in increasing recovery rates with our IAPT services whilst also reducing waiting times.
 - *Urgent Care*
 - New integrated discharge teams
 - Reduced delays in having care packages in place for timely discharge following inpatient care
 - Local Referral Unit ensures that patients are offered support within their own homes
 - Trialled weekend opening for general practices

Review of 2014/15: EKHUFT Outpatient Consultation

- Public Consultation

- **Faversham clinics moved**

- Geriatric Medicine
- Obstetrics & Gynaecology
- Ophthalmology
- Rheumatology

New Clinics in Whitstable:

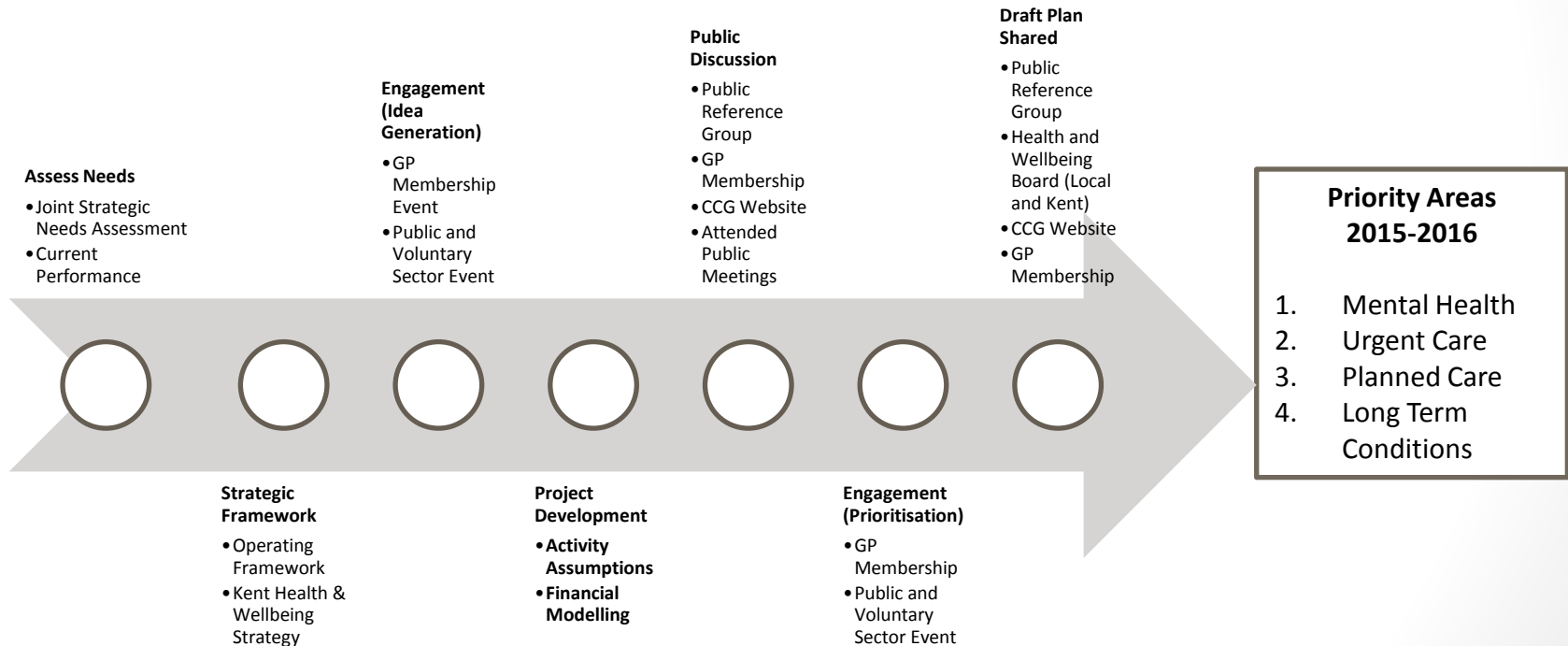
- Cardiology
- Gastroenterology
- Paediatrics
- Rheumatology
- Thoracic Medicine
- Geriatric Medicine
- ENT
- General Surgery
- Ophthalmology
- Orthopaedics
- Gynaecology
- Vascular

Review of 2014/15: Faversham Minor Injuries Unit

- Steering Group established with cross community representation
- Financial and Activity Modelling completed
- Specification revised – Key points
 - Full tariff paid for illness outside of GP core hours
 - Direct Access X-Ray included
 - Core X-ray hours reduced from 8am – 8pm Sat to Sun to 6 hours a day Mon – Fri
 - Due diligence radiography, medical physics, electrical and structural assessments commissioned on Faversham Cottage Hospital
- Procurement in evaluation stage
- Preferred Bidder can be announced end of April 2015
- Service mobilisation until the end of June 2015 – x-ray element of service to commence within 6 months of start of contract

2014-2019: Setting Our Priorities

- CCG Strategic Commissioning Plan published June 2014
- Developed in partnership with key partners including Social Care, local Government, our patients, carers and Public Health colleagues.



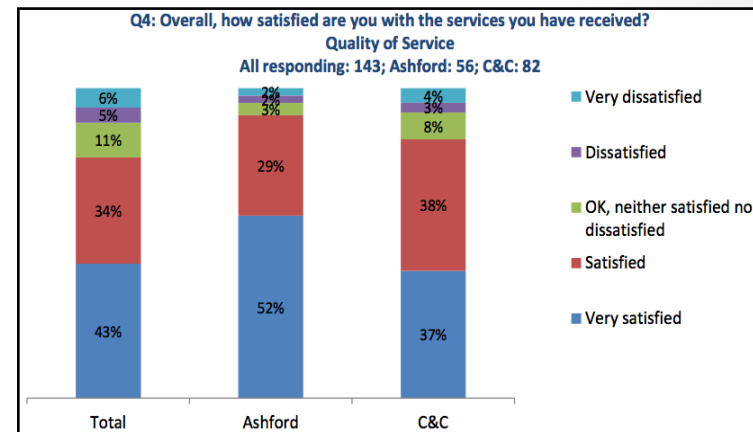
Our Patients said..

GP the key

- The most frequent point of contact for patients and carers.
- General good level of care.
- However issues in terms of time waiting for an appointment and telephone access.
- Time with the GP is too limited.

Location, Location, Location

- Generally positive
- However would like to see more services provided in a community setting
- More locally based day services for carers and patients

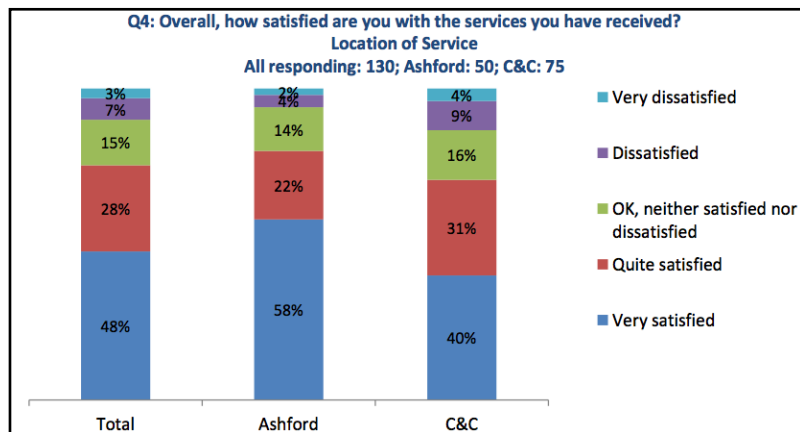


Care Planning

- Respondents not aware of care planning
- Low ratings for getting help at an early stage to avoid a crisis
- Not enough information about service availability or choices regarding treatment and care

Communication

- Insufficient communication between healthcare professional and patients
- Communication between healthcare professionals not good enough and leading to delays in receiving appropriate treatment and care



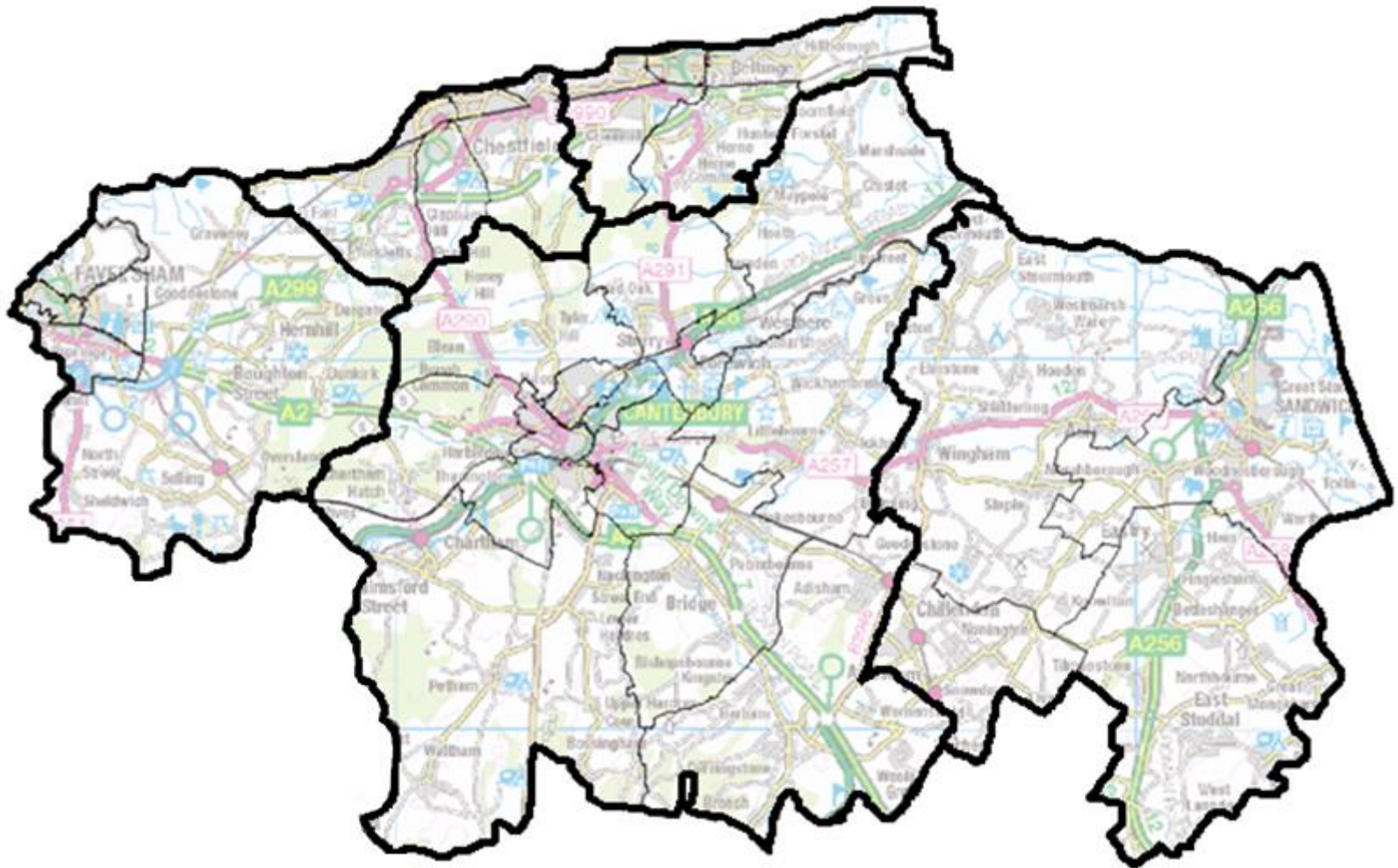
Five Year Forward View

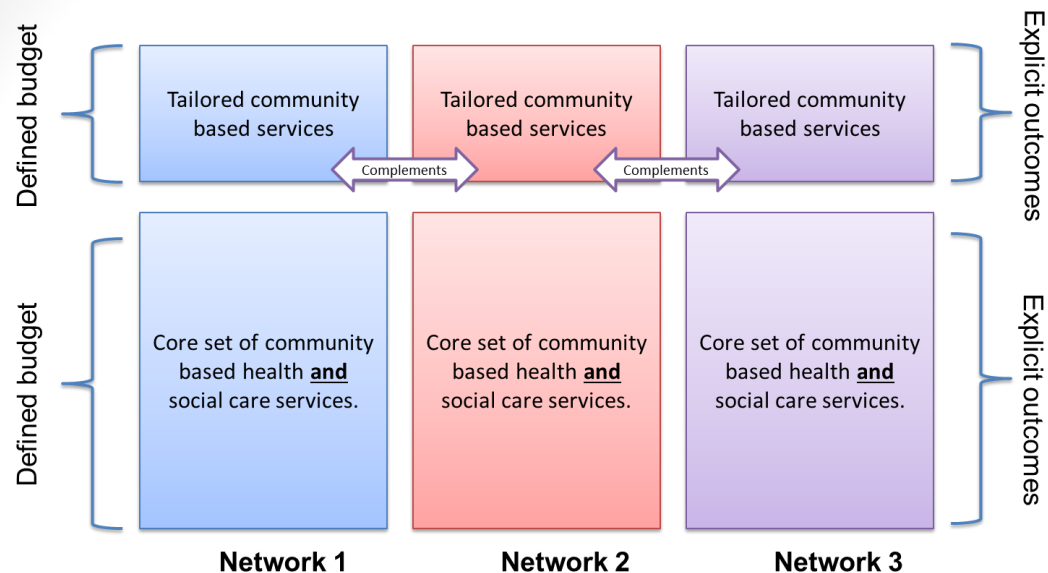
- Published Oct 2014
- A broad consensus on what a better future should be
- Radical upgrade in prevention and public health
- NHS will take decisive steps to break down the barriers in how care is provided
- England is too diverse for a one size fits all. Nor is the answer to let a thousand flowers bloom.
- Multispecialty Community Provider (MCP)
- Primary and Acute Care Systems (PACS)
- Redesign of Urgent and Emergency Care services to obtain integration.
- Smaller hospitals
- List based primary care

Multispecialty Community Provider (MCP)

- Groups of GPs to combine with nurses, community health services, hospital specialists, mental health, social care
- Integrated out-of hospital care
- A clear and robust governance structure
- Extend beyond primary care at scale
- Core primary medical care
- Community-based NHS services
- Social care

Community Networks





Tailored community based services
e.g. :

Outpatients
Specialist Diagnostics
Addiction Services

Core community based health and social care services
e.g. :

Assisted Living
Befriending
Care Homes
Care Planning
Carer Support
Citizen's Advice
Community Equipment
Counselling Services
Community Nursing
Dementia Support
End of Life Care
General Practice
Home Support Assessment
Inpatient Beds (Step-Up and Step-Down)
Meals-on-Wheels
Minor Injuries
Physiotherapy
Pharmacy
Respite Care
Sexual Health

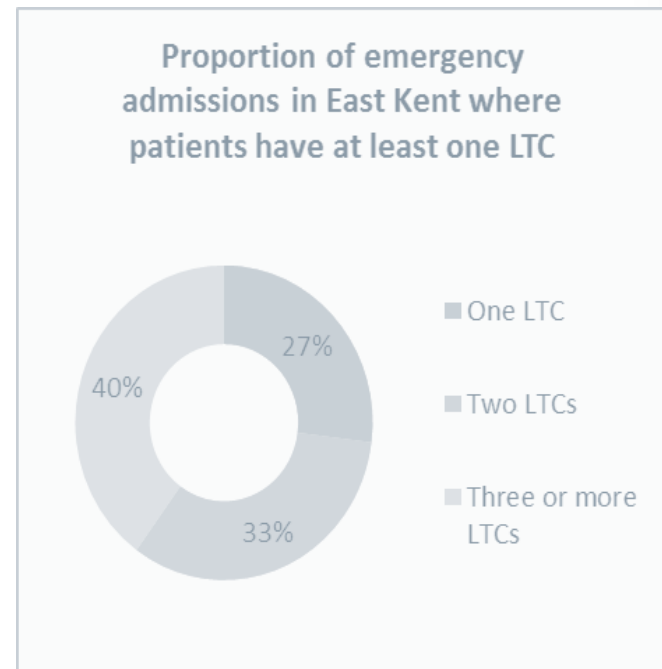


Community Networks – the story so far:

- Community networks stakeholder events took place in September 2014
- Needs and services were reviewed and prioritised
- Two rounds of local stakeholder groups taken place - next meetings currently in planning stage
- Commissioning for Value approach has identified potential areas for improvements based on national evidence
- These are being brought together creating a focussed programme of work for community networks

What are the pressure points?

- Increasing use of emergency services
 - GP, Minor Injuries, Accident and Emergency
- Increase in long-term conditions
 - Older patients tend to have longer spells and are readmitted more frequently after a first hospital spell
 - Ageing is a fundamental factor, as the prevalence of LTCs is up to 6 times higher in over 65s than in under 65s
 - Patients with LTCs have been recently estimated to account for 70% of the total health and care spend in England
- “Parity of Esteem” for mental health
- Increasing residential/nursing placements/long term care
- Financial Constraints



Faversham Network – key priorities

- Mental Health
 - Overlap between medical, social and mental health provision
- Children
 - Boost voluntary sector
 - Better use of community services
- Community Hospital
 - Utilise more
 - Dementia
 - Out-Patients (Older People and Children's)
 - End of Life Care

Commissioning for Value (NHS Right Care)

- The primary objective for NHS Right Care is to maximise value
 - The value that the patient derives from their own care and treatment
 - The value the whole population derives from the investment in their healthcare
- CCGs are able to focus the work of its limited commissioners on areas that will generate best outcome clinically and financially.
- Highlighted areas to focus resource on as follows:
 - Circulatory Diseases
 - Mental Health Care Planning
 - Chronic Kidney Disease
 - Breast Cancer
 - Neurology
- Pathways were reviewed on the 11th February at a system wide clinician to clinician event

2015-2016: Value for Money Review

- To support and help deliver CCG savings plans.
- Underpinned by “Commissioning for Value” Programme
- To provide performance information to support the Community Network project.
- To support the general improvement of contract and provider performance planning and management.

Phase 1 – Completed February 2015

- Elective (Ophthalmology and Dermatology)
- Orthopaedics

Phase 2 – Completed June 2015

- Mental Health (Improved Access to Psychological Therapies & Psychosis)
- Coronary Heart Disease

Phase 3 – Completed September 2015

- Long Term Conditions (Chronic Kidney Disease and Coronary Heart Disease)

Phase 4 – Completed February 2016

- Community Hospitals/Services

2015-2016: Our Priority Projects



Next Steps

This is a three year programme of work

Pulling together pieces of jigsaw

- District Council Local Plan
- Accommodation Strategy
- Value for Money
- Provider strategies

Resilience funding testing

Stakeholder Forums

- Locally driven commenced November
- Based around individual networks

Dedicated page on websites

NHS Right Care

Governance arrangements

- Joint Meetings
- Role of HOSC

Any Questions?

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HEALTH