

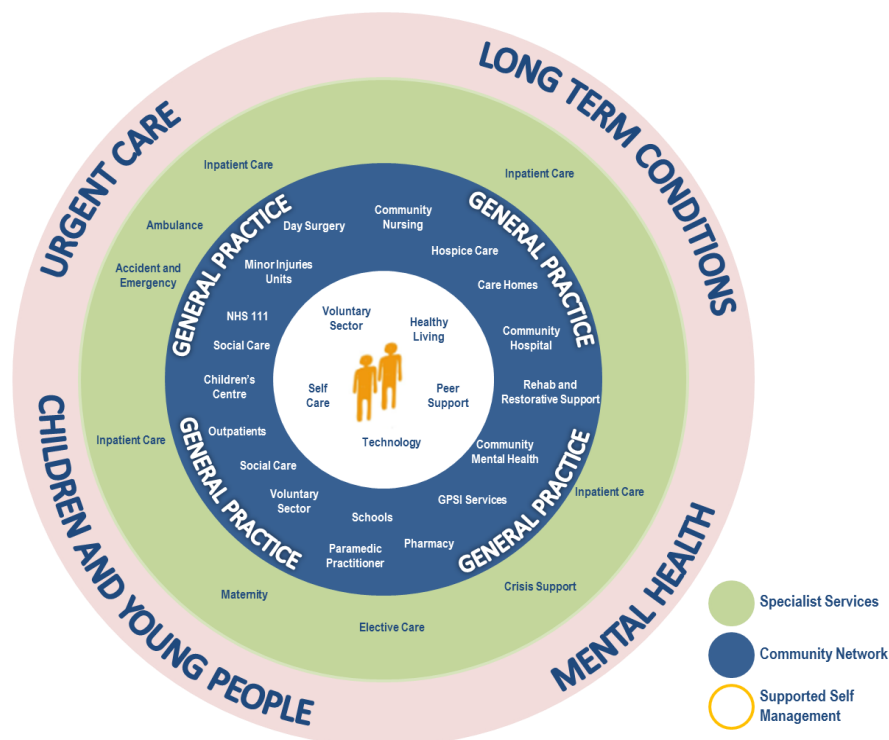
Progress report on NHS Ashford and NHS Canterbury and Coastal CCGs’ Community Networks July 2015

Introduction and background

In September 2013 NHS Ashford Clinical Commissioning Group (CCG) and NHS Canterbury and Coastal CCG initiated a project to review health and social care services provided within a community setting. The objective of the project was to improve how the two CCGs commissioned community-based services with the view to ensuring that these services were high quality, value for money and relevant to the current and future needs of patients and service users. A report on the review was provided to HOSC members in June 2014.

In October 2014 the CCG provided a further update that outlined a new framework for commissioning community-based services, which would build on the earlier review and ensure that health, social care and voluntary services are based around individuals and the communities in which they live and work. The framework is termed Community Networks and is focussed around our clustering of GP practices and the local communities that they serve – see diagram 1 below:

Diagram 1 – Community Network Model



Examples of services that form part of the Community Networks include: some outpatient services, neighbourhood care teams (which provide care to people in their own homes), GP care, consultants who provide care for the elderly, community and voluntary sector support and mental health services.

Location of Networks

In Ashford there are three networks known as North Ashford (including areas in the north of town and Wye, Sellindge and Charing), South Ashford (including areas in the south of town and Kingsnorth) and Rural Ashford (including Tenterden, Hamstreet and Woodchurch).

In the Canterbury and Coastal area there are five networks with Canterbury, Herne Bay, Whitstable, Faversham, Sandwich/ Ash each being a base for one of the networks.

Communications and Engagement Programme

The development of Community Networks is being co-designed with local stakeholder groups which meet regularly to discuss local health priorities. The groups include local GPs, patients, members of the public, Kent County Council (KCC) and providers of health and care services. In September 2014 there were four large public workshops in Ashford and Canterbury which identified the health needs of the local population using the JSNA and the priority areas of care which people attending felt were their local priorities for service improvement or an opportunity to do more with community assets. During winter 2014/15 two rounds of meetings were held to start the process and agree terms of reference. It became clear through these initial meetings that there were some local projects which people felt should be pursued.

In addition the CCGs have adopted a robust approach to evidence based commissioning by utilising detailed information received through the NHS Commissioning for Value work programme which is a partnership between NHS England, Public Health England and NHS Right Care. This approach focuses upon identifying evidence based priority programmes which offer the best opportunities to improve healthcare for populations; improving the value that patients receive from their healthcare and improving the value that populations receive from investment in their local health system.

The process identified circulatory disease (i.e. cardio vascular/stroke) and chronic kidney disease as two areas of care where our population needs and service performance were at variance with other areas very similar to ourselves. We felt that these also needed to be included within the work of the programme too.

Each service area requires significant investigation to provide the detailed information and evidence which will allow the stakeholder groups to have a considered conversation about what could be done better. This means an ongoing programme of work which will allow each stakeholder group to work on these different service priorities and local projects over the next few months.

This work is being reported to the wider community through the CCGs newsletters and via regular updates on the website. We are also giving briefings at other meetings such as Faversham town council, or Ashford meeting of parish councillors where invited.

Each of the localities has now completed the third round of meetings and is gaining momentum through the agreement of several projects. The groups have used the opportunity to review the priorities from the original stakeholder meetings to ensure that the proposed projects meet the needs of the population.

The changing national context and local drivers

With the publication of the NHS Five Year Forward View in October 2014 and the need to address the local health and social care system challenges in east Kent, it has become even more important that our Community Networks contribute to the changes required to deliver sustainable service provision over the coming years.

Working with our partners, we believe the approach we are taking to commissioning integrated, out of hospital care in a primary and community setting aligns with KCC's Social Care Transformation Agenda and Accommodation Strategy. We believe this approach also supports the changes required to East Kent Hospitals University NHS Foundation Trust's (EKHUFT) current model of care which will not be sustainable within the next five years.

New models of care – building on our Community Networks:

An important example of the changes taking place locally is the new model of care being developed within Canterbury and Coastal CCG by the Whitstable, Northgate and Saddleton Road Medical Practices – Multispecialty Community Provider (MCP)

This MCP was announced as one of 29 national vanguard sites in April 2015. This followed a selection process earlier in the year which saw more than 269 sites apply to NHS England's New Models of Care National Team to become vanguards in three different categories.

This is a Multispecialty Community Provider vanguard. Other categories that NHS England sought vanguard applications from include Primary and Acute Care Systems (PACS) and Care Homes Models.

All vanguards received a two day site visit from the National New Models of Care Team, and locally this took place on 5 and 6 May 2015. It was a very well attended event, including KCC Leader Paul Carter, and enabled all partners of the vanguard to share their vision for integrated health and social care.

Positive feedback was received from the National Team and a business case has recently been submitted for a one year transformation fund to enable the MCP's work programme and clinical model to be realised.

Aim of the MCP

The MCP seeks to deliver an integrated health and social care model of care, with primary care at its bedrock, that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and that enables people to stay well and live independently for as long as possible in their home setting.

The objective from this model is to develop community based care and by co-locating most health and social care needs, to improve diagnosis and treatments outside hospital and create a more patient centric model of care. This will include local physical health, mental health and wellbeing services.

Key elements of the new model will include:

- Working towards setting up seven-day a week primary care services, starting with a Saturday service, to cover what is seen as the weekend time of most demand. The effectiveness of this new service can then be evaluated, and the service modified as appropriate. This will maximise access to primary care – this will be inclusive of GP, nursing, mental health and paramedic practitioner services.
- Enabling better use of step up and step down beds, with less delayed transfers of care. This will also enable faster and more successful discharge to a patient's home. It is intended for this to include direct GP referral access to community hospital beds in due course, placing primary care at the very heart of patient care, enabling people to be cared for in the most appropriate setting and reducing the need to access secondary care wherever possible.
- Enhancing the use of IT to facilitate both streamlined communication between patients, clinicians and carers; and to maximise the use of tele care and telemedicine to maintain support of self-care and self-management to promote independence.
- Creating a more cost effective service. By treating patients close to home, reducing the cost of some outpatient procedures and outpatient appointments through expanding the use of GPs with special interest to triage referrals.
- Focusing upon prevention to ensure that as a whole health and social care system we are working seamlessly to support people to stay well and to live independently, with appropriate support where it is necessary.

The MCP has the potential to expand rapidly across the Canterbury and Coastal Community Networks with a number of other GP Practices having recently expressed an interest in joining.

Next Steps

Further updates will be provided to HOSC members as and when required.