

Plans for Improving community health services in North East Essex

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Choose the right service



HEALTH Help NOW.



Check your symptoms
Visit NHS Choices
Seek advice
Use the Health Help Now App.

Self-care

Stock your medicines cabinet
Run out of medicines?
Headaches or colds
Ask your Pharmacist for advice

Pharmacy

Unwell?
Unsure?
GP surgery closed?
Need help?

NHS 111

Make an appointment
with your GP if you are
feeling unwell
and it is not an emergency

GP surgery

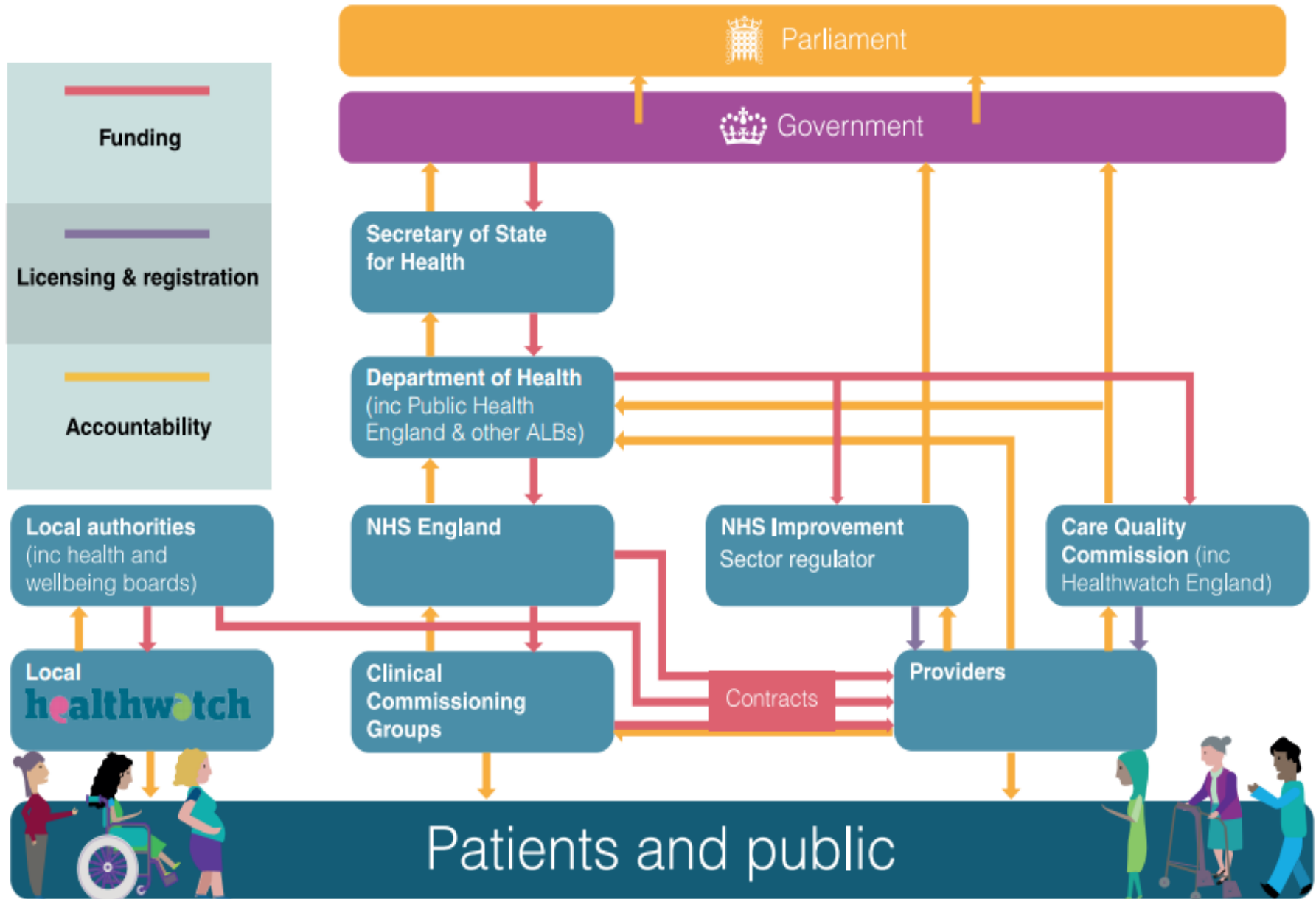
If someone is seriously
ill or injured
and their life is at risk.

A&E or 999

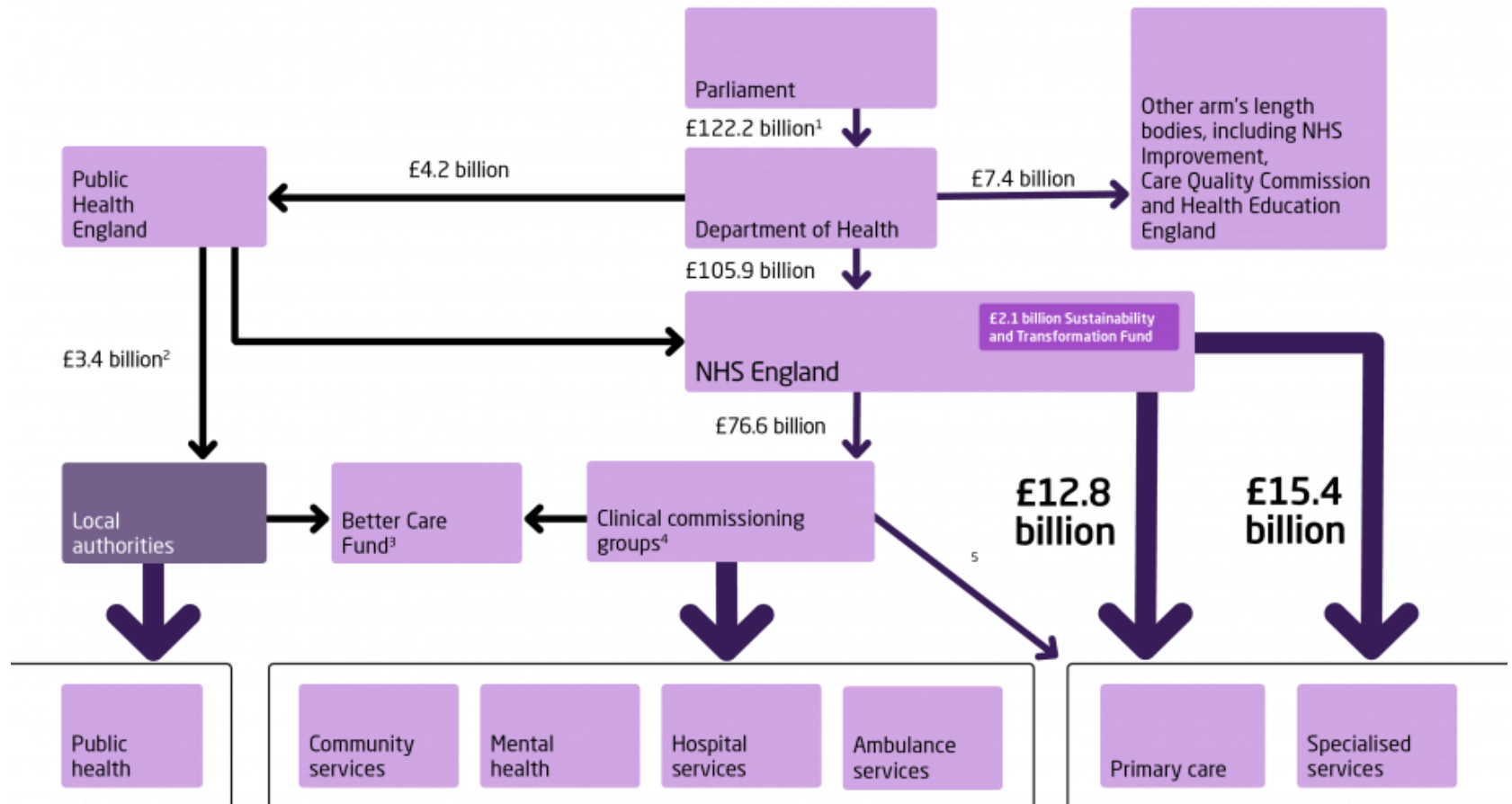
Plans for Improving community health services in North East Essex:-

- How the health system is structured and funded
- The challenges facing the system
- Plans for provision of primary care and Urgent Treatment services
- Plans for Community Beds and how this fits with Colchester, Clacton and Harwich Hospitals and other community services.
- Planning for the future
- Questions?

NHS structure in England



How the health system is funded



1 All figures are for 2016/17

2 Public health grant

3 With the aim of integrating health and social care services, NHS commissioners and local authorities pool some of their annual budgets (around £5.8 billion in 2016/17) to create the Better Care Fund.

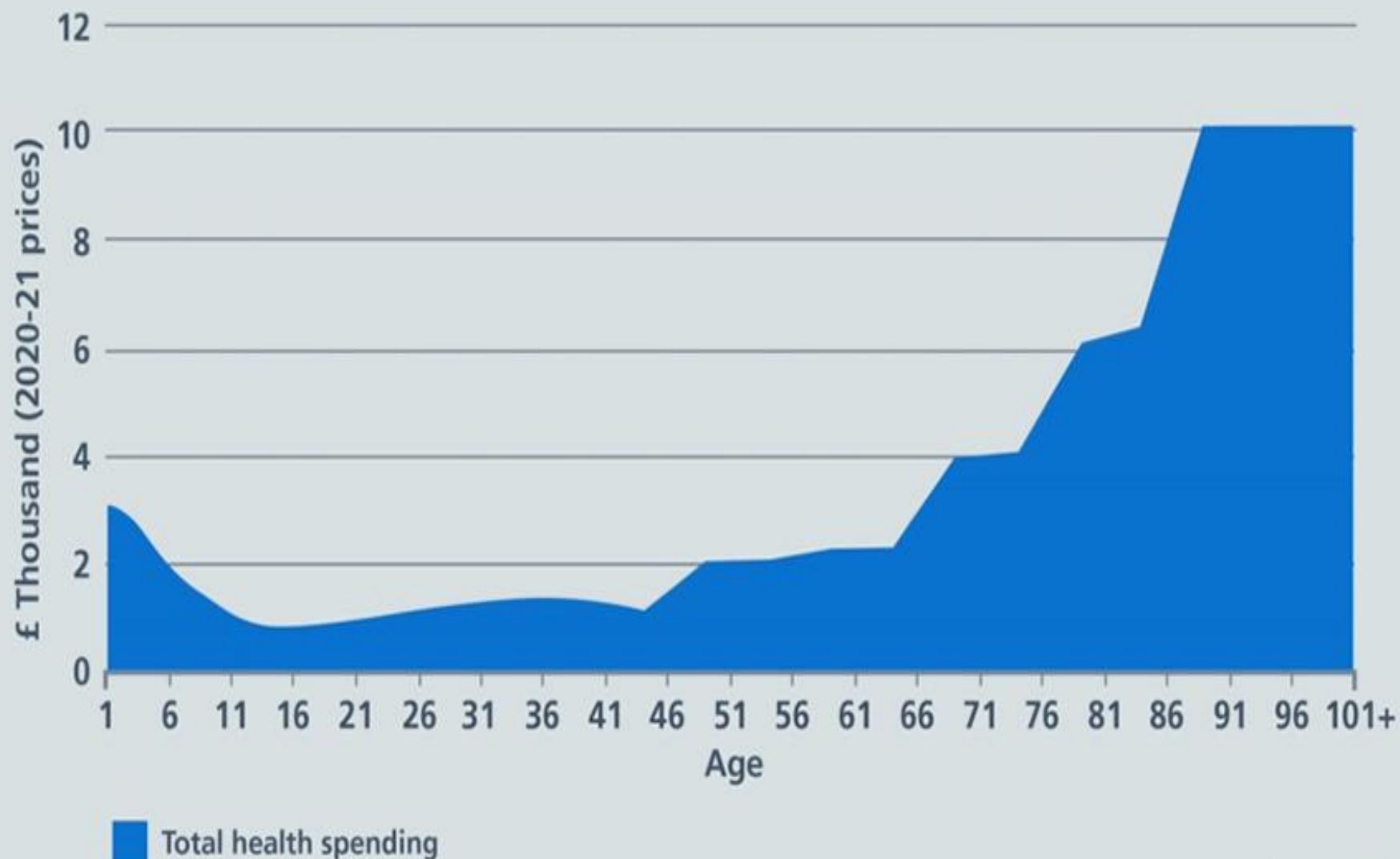
4 From April 2017, all CCGs have assumed some responsibility for commissioning primary medical care services. Sixty-three have taken on full delegated responsibility; the rest have joint responsibility with NHS England.

5 NHS England transfers money to those CCGs that have taken on full delegated commissioning of primary medical care services.

North East Essex CCG funding

- £520 million budget for 2018/19 (based on Government formula)
- £263 million for Hospital services
- £117 million for primary care and prescribing
- £68 million for Community services
- £50 million for mental health services
- Serving a population of 342,000 = £1500 per person per year.
- £21 million for 1000 of our most complex patients (2016/17)

Figure 1: Health care spending rises sharply with age



Source: OBR

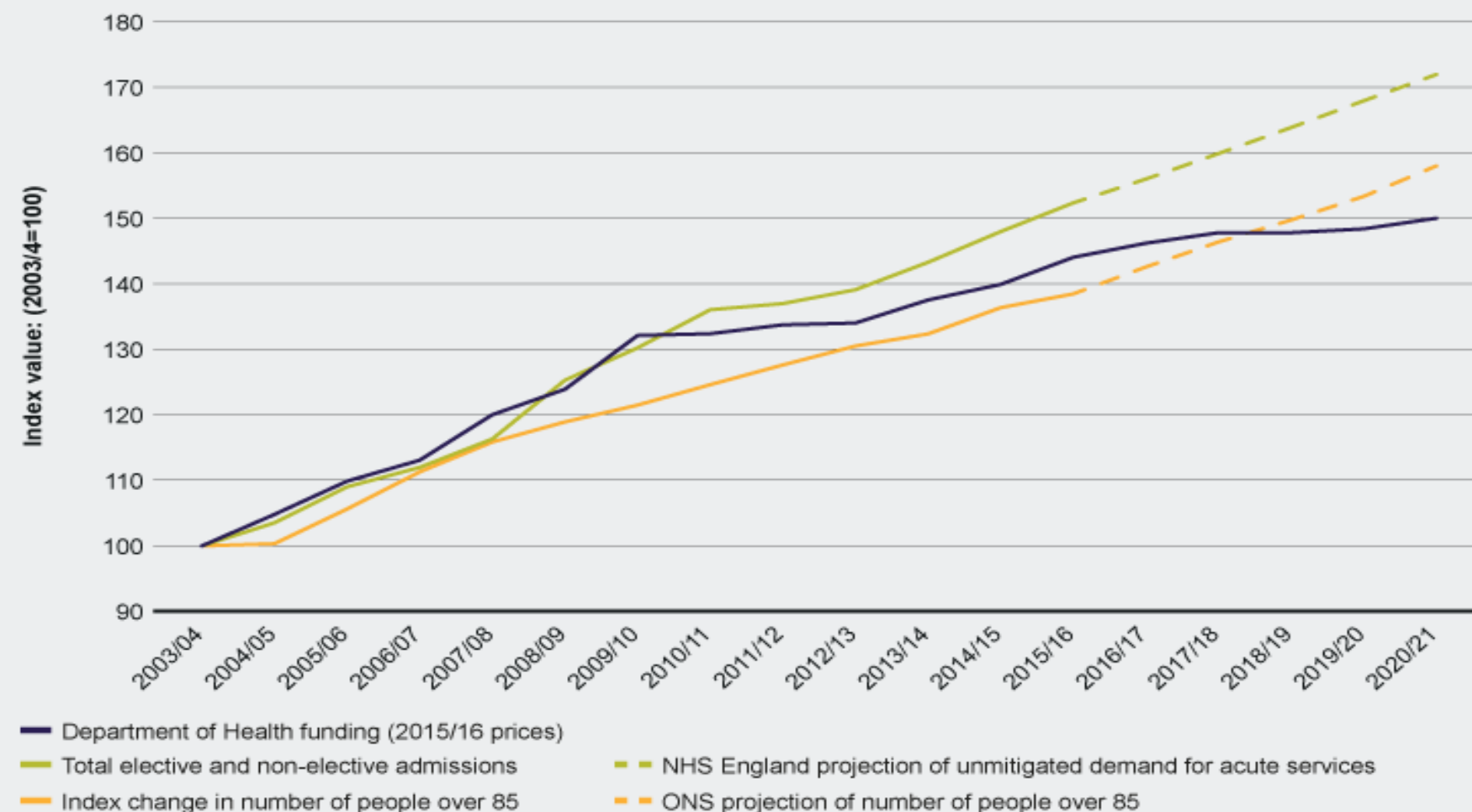
Organisations providing NHS services in North East Essex

- East Suffolk and North Essex Foundation Trust (ESNEFT)
- Anglia Community Enterprise (ACE)
- Essex Partnership University NHS Foundation Trust (EPUT)
- East of England Ambulance NHS Trust
- Hertfordshire Partnership NHS Foundation Trust
- Essex County Council & Local Authorities
- GP practices
- Voluntary Sector organisations
- Private Sector organisations
- Pharmacy
- Opticians
- Dentists
- Hospices
- Nursing and care homes

Challenges facing the system

- Year on year growth in demand for services outstripping increase in funding
- Ageing population with more complex health needs
- Changing public expectation of service standards
- Changing health needs (obesity, diabetes, COPD, mental health, dementia)
- Workforce recruitment and retention not keeping up with demand
- Political and structural instability

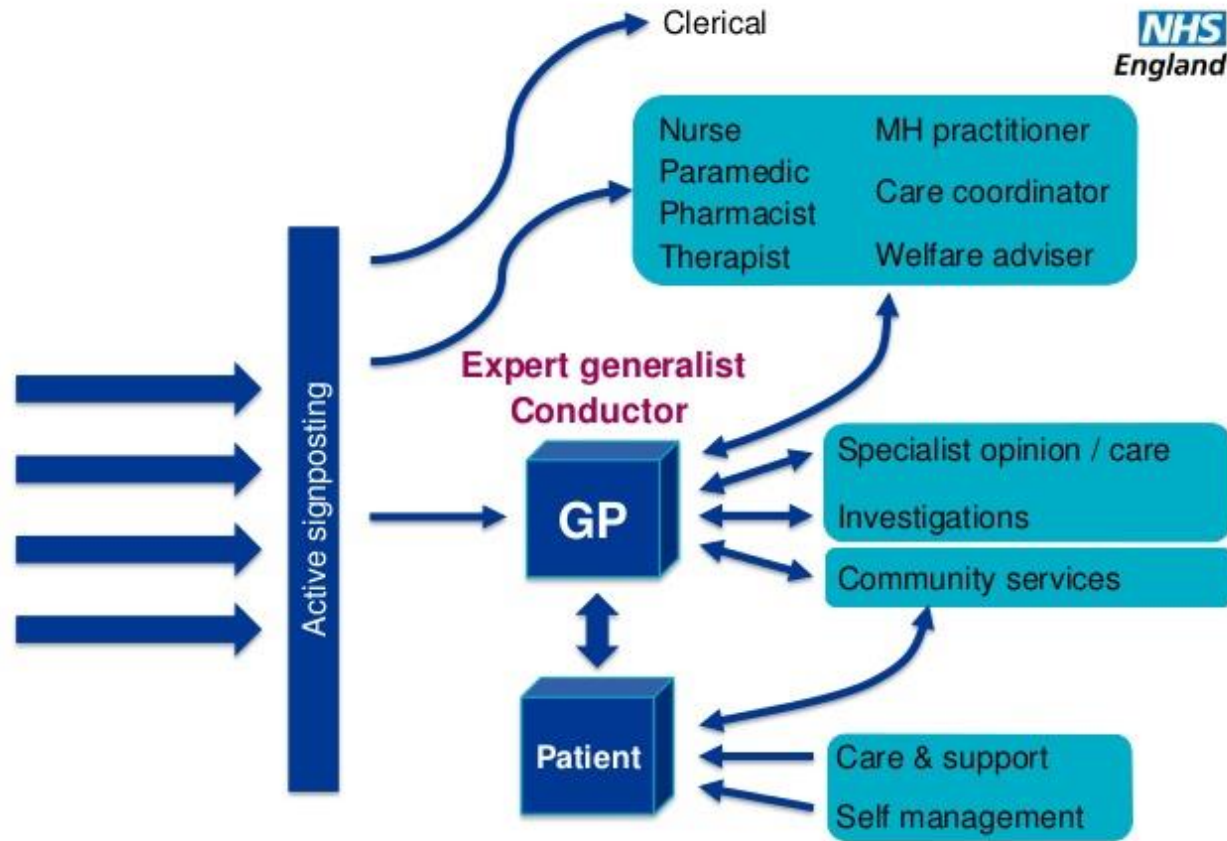
Figure 7: Total admissions into hospital care, Department of Health funding and English population aged 85 and older (2003/4=100)



We have chosen all hospital admissions, including all non-elective admissions, as a proxy for all hospital activity, given this represents the bulk of cost

Projections are shown as dashed lines. The NHS England projection of unmitigated demand for acute services assumes that the measures in the Five Year Forward View have no effect on reducing demand and that admissions will increase at the same rate as activity in the rest of acute care

Access to the healthcare system



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Primary care and urgent treatment services

Urgent and Emergency Care and the emerging Hub and Spoke Programme



NHS 111 – Non Emergency single point of access for Urgent and Emergency Care

999 – Emergency single point of access for emergency care

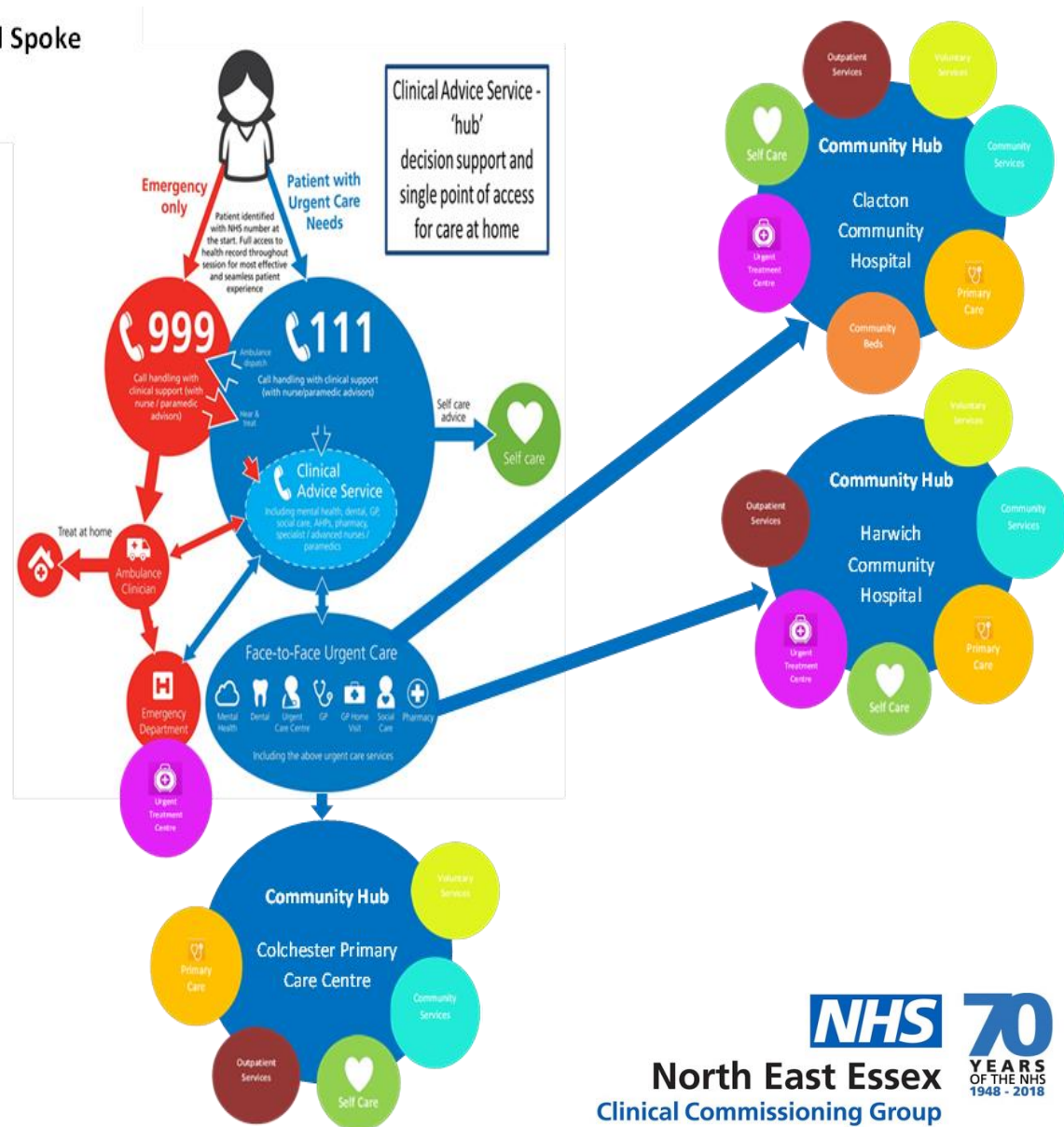
Integrated Clinical Advice Service (ICAS) – Access to multi-disciplinary clinicians via telephone through NHS 111

Self-Care – Direction of patients to pharmacy and self-care following triage via NHS 111/ advice from ICAS

Face to face urgent care – Direct appointment booking via NHS 111/ICAS with an appropriate urgent care service following triage. This includes access to services based within developing

Community and Primary Care Hubs (GP appointments within core and extended hours within, Out of Hours (OOH) access to GPs (face to face/ home visits), **Urgent Treatment Centres*** (Minor illness and Minor Injury), Mental Health, Dental and Social Care Services, plus other services based on local population needs).

Community Hubs -



Community Hub	Primary Care Hub	Spoke
Serving a population size of 50,000	Serving a population size of 20,000 – 50,000	Serving a population of between 10,000 – 20,000
Primary Care	Primary Care	Primary Care
Diagnostics	Primary Care Led	Primary Care or Nurse Led
Urgent Care and Minor Injuries	Minor Treatment	Minor Treatment
Social Care and Mental Health	Mental Health	Mental Health
Pharmacy – Self Care	Social Prescribing Via Voluntary Sector	Social Prescribing Via Voluntary Sector
Planned Care/OPD	Planned Care/OPD	-
Extended Hours	Extended Hours	Extended Hours
Palliative Care Teams	Therapy Services	CBT
Community Services	Community Services	Links with Community Teams
Café/meeting areas to allow community and group interaction (reduction of isolation)	Meeting area that can be booked by different organisations	Links with Friending Service and other Voluntary services
Digital Services to provide self-care and self service activities	Primary Care Training/Teaching	Digital services via portal web – linked to Practice Web Site
Drug and Alcohol Services	Drug and Alcohol Services	Drug and Alcohol Services
Voluntary Services providing way finding and service triage	Voluntary Services	Engagement with Voluntary Services

Investing in service improvements



£15m to support the creation of a new 'Community Hub' in Clacton.



£3m to develop a Community Hub at Fryatt Hospital in Harwich.



£1.5 m to invest in creating a Primary Care Hub at Kennedy House, Clacton

Clacton and Harwich Hospitals

Clacton Hospital

- Nightingale style wards limited rehabilitation and therapies, poor infection control
- Fragmented community services
- Inpatient Rehabilitation services currently spread across two sites
- Old building

£15m

New community Health and Wellbeing Hub

Harwich Hospital

- Vacant space
- Dedicated Rehabilitation Services
- Modern facilities for rehabilitation purposes
- Specialist equipment
- Newer building
- Inpatient Rehabilitation services currently spread across two sites

£3m

Community Health and Wellbeing Hub

Community
Beds



Community beds for the future

Existing Ward	Beds	Future Ward	Beds
Kate Grant, Clacton 10 Stroke/12 general/orthopaedic rehabilitation beds	22	New Ward at Harwich Hospital - providing stroke and post operative rehabilitation services.	24
St Osyth Priory Ward, Clacton General step up (from community) or step down (from the acute Hospital) beds and includes approximately 5 for end of life care	15		
Trinity Ward - Harwich General step up/step down beds, with approximately 3 used for end of life care	21	Trinity Ward – use as existing	25
		End of life Beds commissioned in community hospital and other settings	Tbc
Total	58 Beds		Tbc

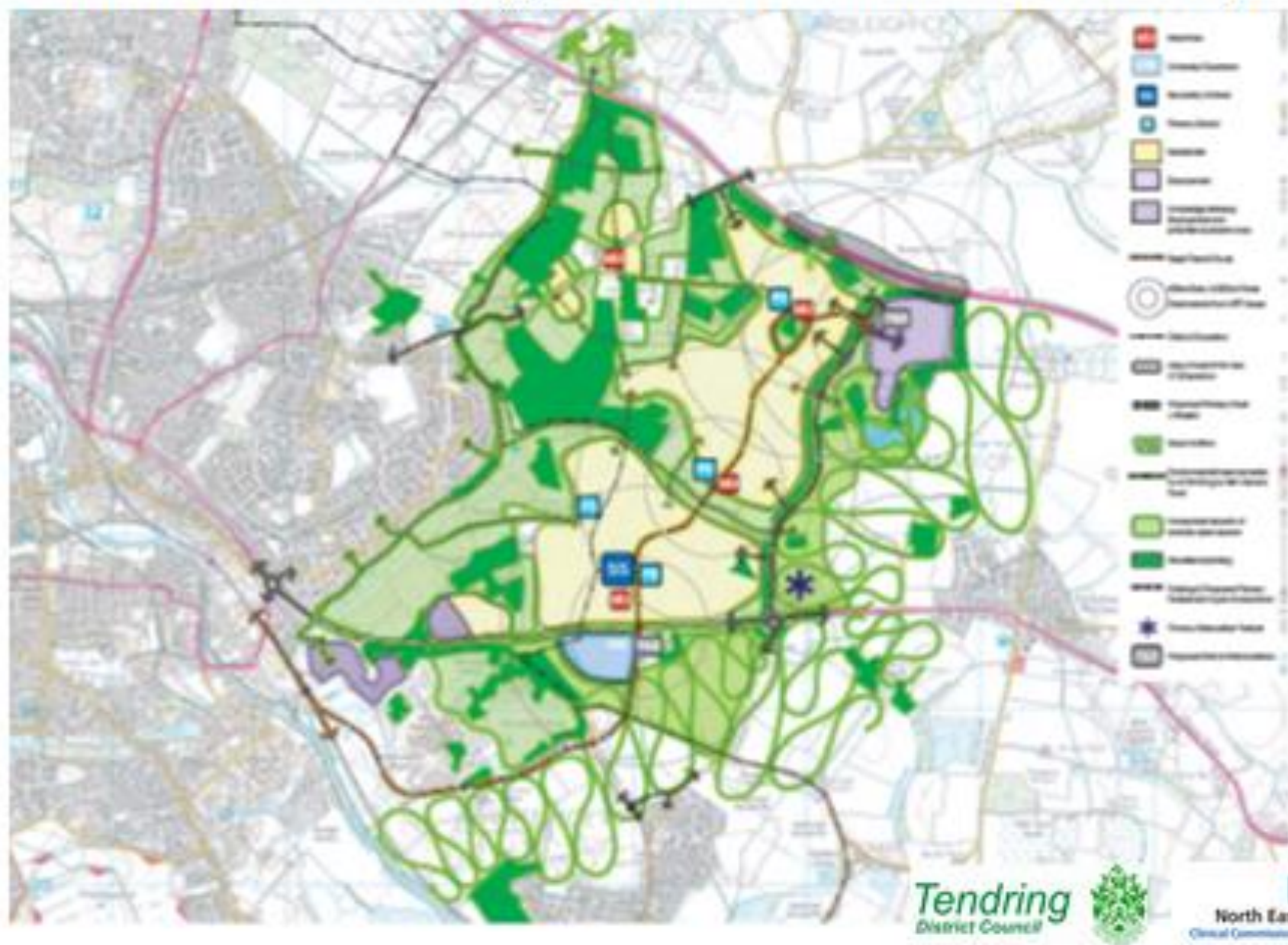
Public engagement

- Extensive engagement on our plans for Clacton and Harwich community beds
- Independent review of engagement feedback
- Transport between Clacton and Harwich clearly highlighted as a concern.
- Why not simply renovate Clacton Hospital rather than relocate the beds?

Planning for population growth and changing demographics

- More people living longer, often with complex health conditions.
- New garden communities and other housing development
- North East Essex population growth 342,000 to 377,000 by 2035 = 12%

Colchester Tendring Border Garden Community



Working together with local authorities

- Working in partnership with local authorities to ensure health infrastructure is factored into all new planning applications
- Planning new communities for healthy living
- Using Essex Design guide principles to provide new housing that will be adaptable to promote independent living for longer.
- Using section 106/CIL funding to invest in improving health services and not just buildings.

So why no more hospital beds when demand is growing?

- 100 + patients in Colchester Hospital beds every day that don't need Acute Hospital care
- Improvements in discharge process, re-enablement services and joint working (Discharge to assess)
- Over 4000 nursing and care home beds in North East Essex
- Improvements to Urgent Treatment services should reduce A&E attendances = reduction in hospital admissions
- Hospital working to reduce length of stay and increase day case surgical procedures
- Focus on improving access to out of hospital services
- New models of care for community beds can help to get people home sooner.
- Greater emphasis on living healthy lifestyles, helping people to manage their long term conditions more effectively and stay well for longer.

Thank you for listening

Any Questions?