Community Network
ASHFORD NORTH

Ashford North

Regular members:

- Chair, Kennington Community Forum (Chair)
- Associate (Engagement), South East CSU
- Willesborough Health Centre PPG and Vice-chair, APPG
- Willesborough Health Centre PPG and APPG
- Adult Services (Ashford), KCHFT
- Lay Member Patient and Public Engagement, Ashford CCG
- Wye Surgery PPG
- Development Officer, Red Zebra
- Retired C4G GP and Community Networks clinical lead
- Business Support Manager, Ashford CCG
- Chief Executive, Ashford Volunteer Centre
- Independent member, APPG
- Ashford Governor, EKHUFT

Ashford North

Current items:

- Annual Plans:
  - NHS England Business Plan 2016/17
  - NHS Ashford and Canterbury and Coastal CCGs Annual Plan 2016/17
  - Ashford Local Plan to 2030
- Community Nursing Service Specification
- Marchwood CIC Project
- Health Improvement Services – introduction
- KMPT Single Point of Access
- Over 60s Community Service
- Ashford Wellbeing Café – updated report

Ashford North

Challenges:

- Communication Strategy
  - Who knows what we do?
  - How do we engage with wider community?
- Scale – understanding the NHS
- Lack of participation from
  - Ward Members
  - Parish Councils

Community Networks

Meeting your community's health and social care needs

A PICTURE OF HEALTH

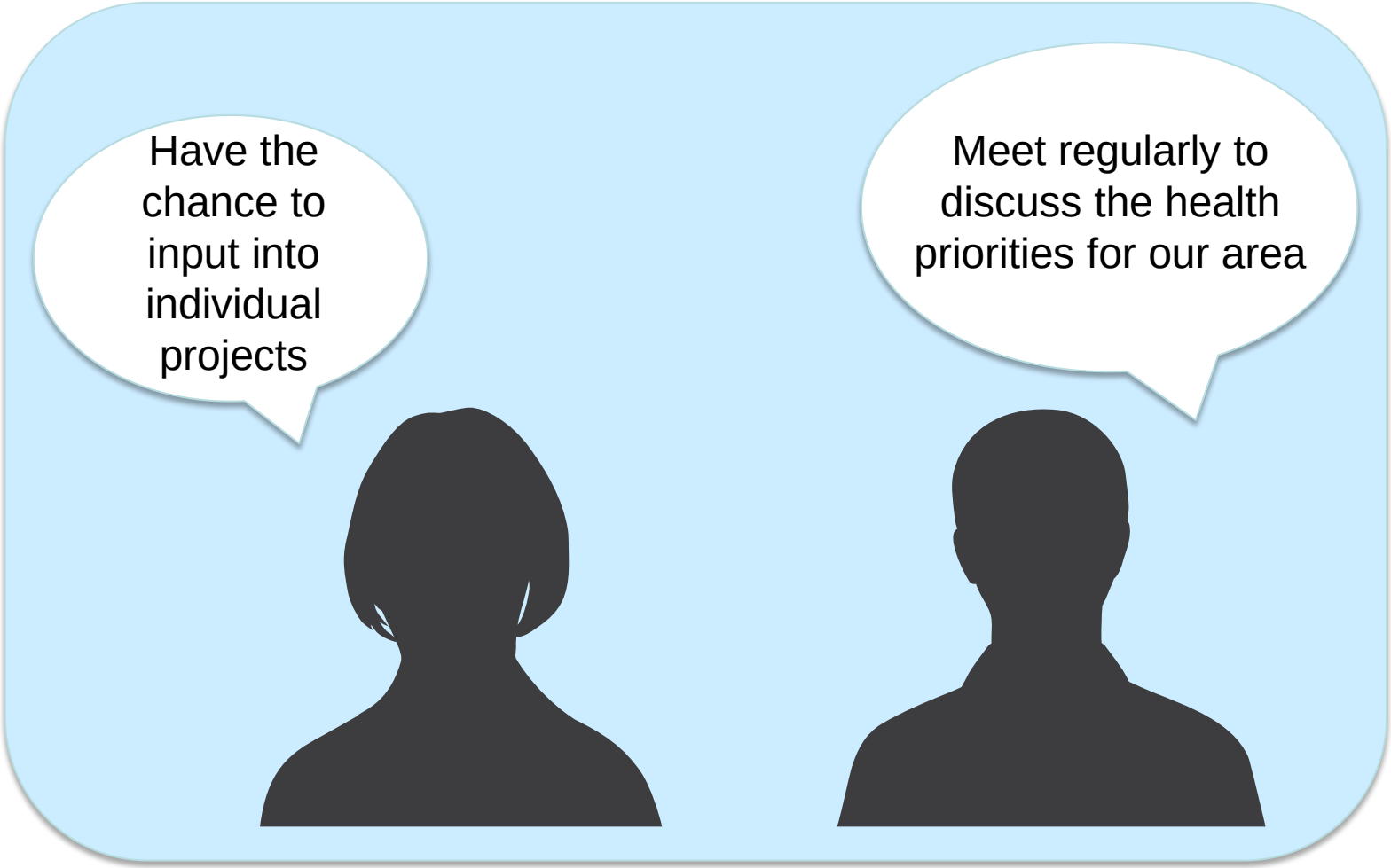
What are community networks?

- They help make sure health and social care services are meeting the needs of our population.
- Advisory groups focusing on the needs of their communities.

Network membership includes:

- Patient Participation Groups
- Organisations that provide health and social care services
- Voluntary and community organisations
- GPs
- Clinical Commissioning Group (CCG)

What will we do?



What have we worked on so far?

What have we worked on?

- **In Ashford North we have:**
  - Established a wellbeing café for people who need help and support with their mental health at weekends. It means people who experience anxiety, low mood, loneliness and isolation can drop in and speak to a trained mental health support worker over a cup of tea or coffee. High attendance in first twelve weeks with positive outcomes reported to date.
  - Started a project to reduce the number of prescriptions for paracetamol, and encourage patients to purchase it from pharmacies and shops. Potential also to target other medications (eg: antihistamines). Project paper has been updated following January network meeting for discussion with PPGs/APPG.

What have we worked on?

- **In Ashford South we have:**
  - Supported Sk8side youth club with the newly commissioned ‘About You’ programme providing emotional and wellbeing support through counselling and exercise for young people aged 13 to 19. It covers a range of issues linked to mental health problems. Sessions cover relationships, self-esteem, substance misuse and self-harm. They have run successfully in conjunction with a local school, with positive outcomes reported to date.
  - Supported the new Stanhope Healthy Living Zone project, which follows a model found elsewhere such as in Thanet (which includes a drop-in café, computers to support people trying to find employment, other aspects such as mental health support, stop smoking advice, education, and healthy eating programme). Services are currently being mapped.
  - Discussed current health visiting arrangements and the need for su coordination of these as essential to Ashford South’s demographic gathering and analysis currently taking place.

What have we worked on?

- **In Ashford Rural we have/will be:**
  - Development of West View Integrated Care Centre
    - ✓ Reviewed how we currently pay for services.
    - ✓ Currently agreeing service specification for the future.
    - ✓ Proposals to be taken to March Health Reform Panel for support.
    - ✓ Plan to implement proposed changes early 2016/17 financial year.

What have we achieved?

8 projects map to the Community Network

Key

On track with plan

Risk of slippage, challenges ahead

Slipped or significant risk to deliver

Community Network A. North

Project Name	Community Network Summary of Project	Current status	Project Stage
MSK Triage - Ashford - P/001/15	People with musculoskeletal (MSK) conditions - such as back pain or arthiritis - will be asssessed quicker than before so they can be given the right treatment sooner. This project will make sure all GP referrals are looked at by EKHUFT's trauma and orthopaedics team to assess whether a hospital appointment or commuity service is needed. This is likely to mean more people will be treated in the community rather than being referred to an acute hospital. By reducing the amount of referrals we can also save around £1.48 million.	Green	5. Monitoring
MSK Spinal Pain - Ashford and Canterbury -P/003/15	We want to introduce a new option for treating patients with chronic back pain to make sure they are getting the best treatment. Patients who experience long-term back pain have in the past been offered spinal injections to alleviate pain. However, clinical evidence from the National Institute for Health and Care Excellence (NICE) shows that these injections may not be the best course of pain relief for some patients. Instead they should be offered other options to manage their condition, including physiotherapy and counselling. By reducing unnecessary injections, we could save around £700,000 for Ashford and Canterbury CCGs.	Red	5. Monitoring
Dermatology - Ashford - P/004/15	We are changing how people with skin conditions are treated by using new technology to speed up diagnosis. By making sure patients are assessed quicker, they can start treatment sooner. The current system means the vast majority of people are referred to a specialist appointment at a hospital regardless of whether this is needed. Our new system means that patients can be remotely assessed by a specialist before a decision is made about whether hospital treatment is needed. This would reduce unnecessary referrals and save around £500k.	Red	5. Monitoring
Discharge to Assess - East Kent Wide - P/006/15	Older people in east Kent will be able to leave hospital earlier thanks to a new scheme introduced this autumn. Discharge to Assess is running as a six-month pilot to help older people leave an acute hospital by completing the assessment of their ongoing care at home, in a community hospital or a care home – instead of in an acute hospital. There are three pathways depending on the needs of the patient and what level of ongoing care is needed.	Amber	5. Monitoring

What about the future?

- The NHS is changing.
- Five Year Forward View says care should be in the community, closer to the patient's home.
- New 'models of care' being developed. This includes the Multispecialty Community Provider (MCP) being developed in Canterbury.

What will the future look like?

- Increasingly we need to manage systems – networks of care – not just organisations.
- The traditional barriers between primary care, community services, and acute hospitals need to be dissolved.
- Out-of-hospital care needs to become a much larger part of what the NHS does, supported by smaller specialist hospital services
- Services integrated around patients with shared responsibility and care plans keeping people well.

What will that mean locally?

Our vision is to have comprehensive, integrated local care and health services:

- tailored to communities.
- supported by a chain of high quality, smaller acute hospitals with access to safer specialist services.
- a wider range of organisations and individuals working to maintain good health and wellbeing.

Communication and media

- If you have ideas for other stakeholders that could be part of the network please do spread the message and discuss with your network chair.
- If you are approached by the media please contact the Communication Lead: Alex McNally. Email: alex.mcnally@nhs.net

Any questions?

Community network

- **Contact Details: Network chairs (via CCG office)**
- **Office: 03000 424815**
- **ashford.ccg@nhs.net**

Thank you