

# Overcoming Challenges of New Development by Health and Social Care Partners

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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**



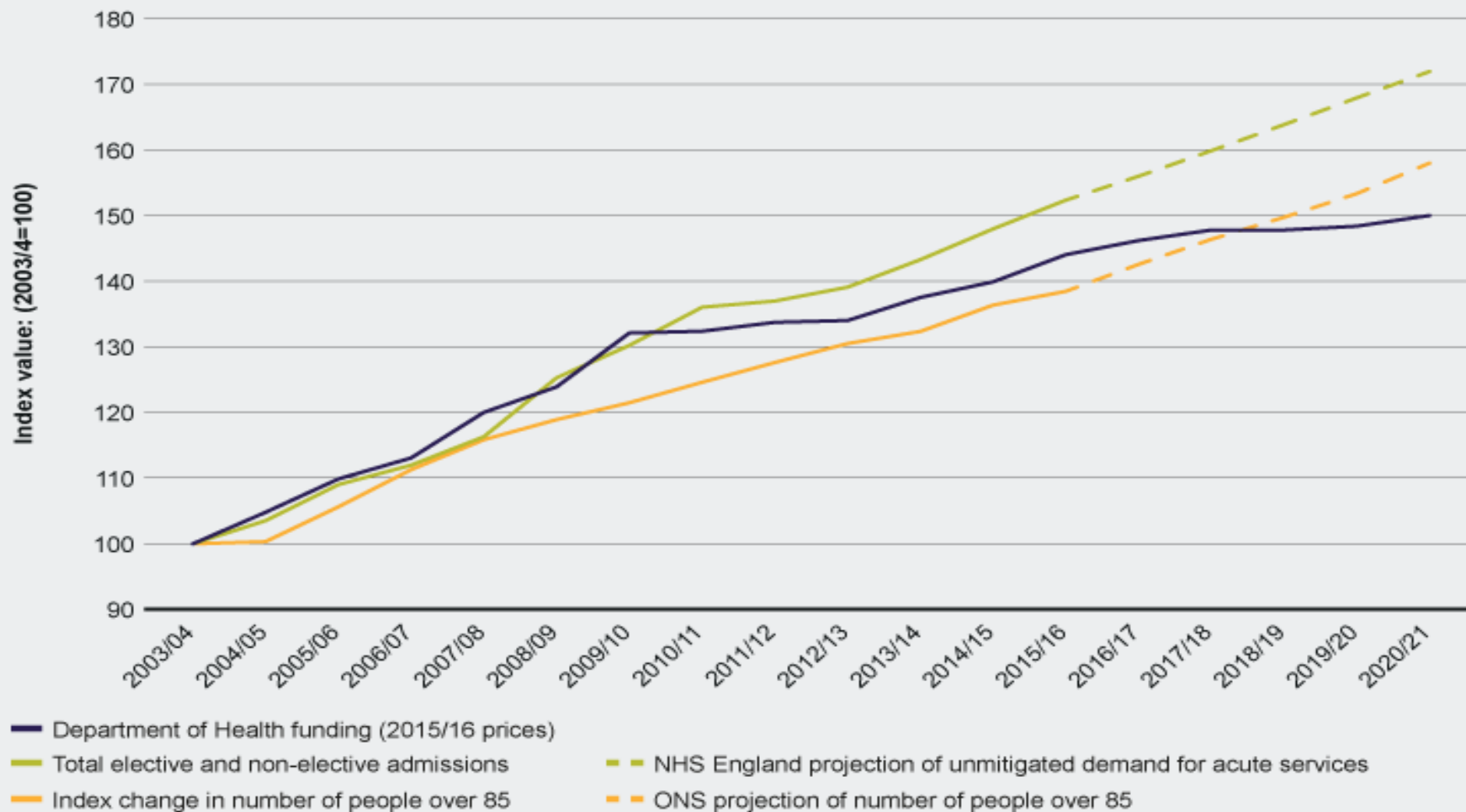
If someone is seriously  
ill or injured  
and their life is at risk.

**A&E or 999**

# Expected Presentation Outcomes

- Understanding the Challenges in keeping the population Healthy
- An overview of potential opportunities to change the way Health services are provided
- The importance of working as a Health and Social Care System – one voice
- The gains of Partnership working on Strategic Planning

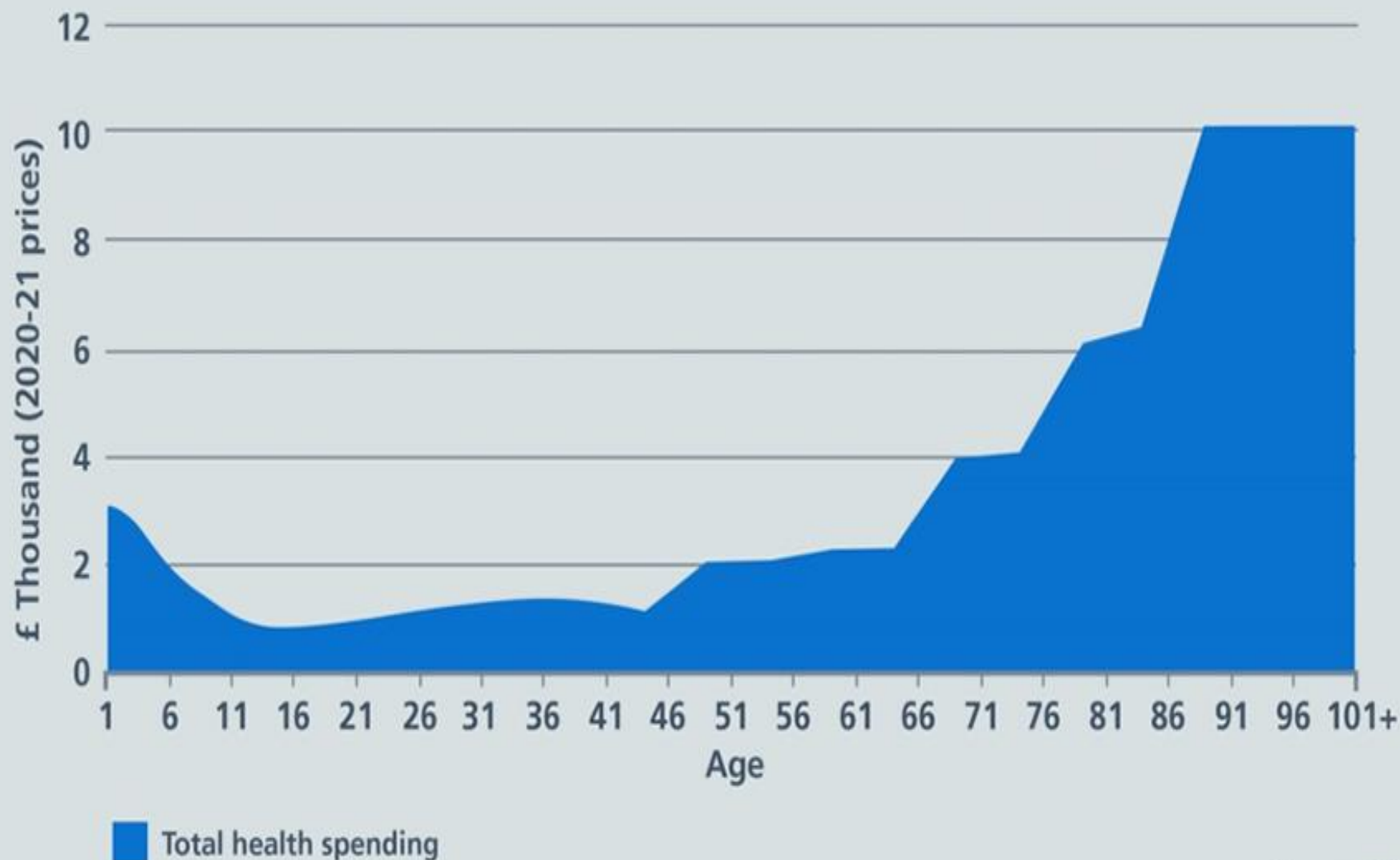
**Figure 7: Total admissions into hospital care, Department of Health funding and English population aged 85 and older (2003/4=100)**



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

**Figure 1: Health care spending rises sharply with age**



Source: OBR

# Challenges facing the Health & Social Care system

- Year on year growth in demand for services outstripping increase in funding
- Ageing population with more complex health needs
- Population growth/housing development
- 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

# 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%

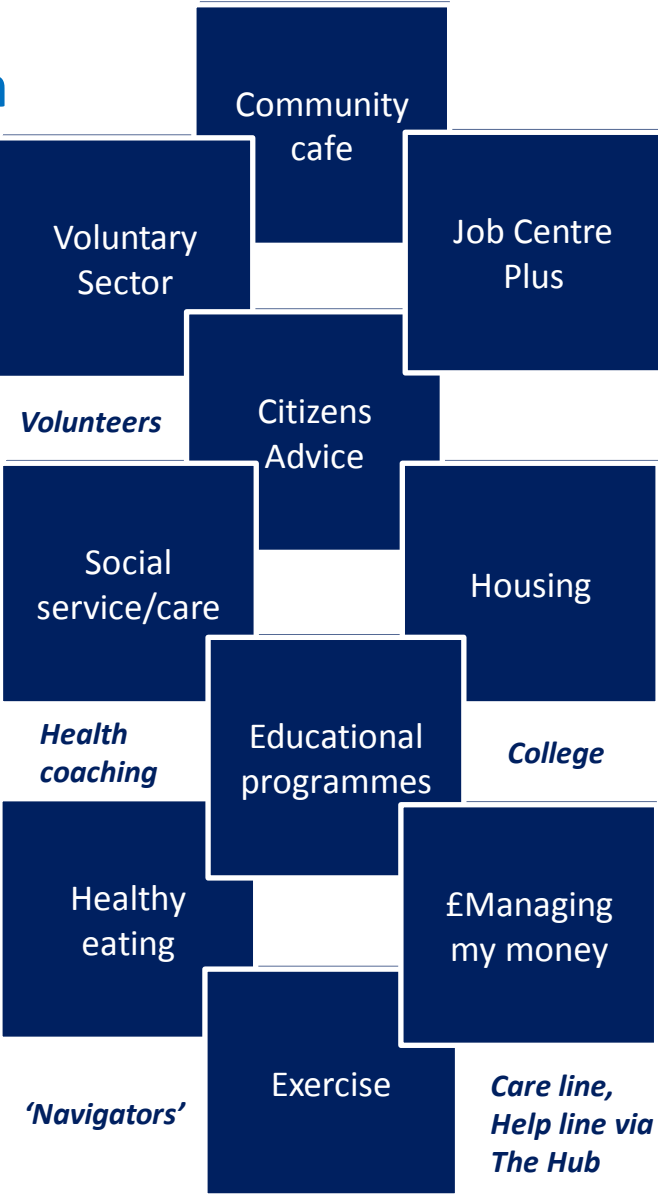
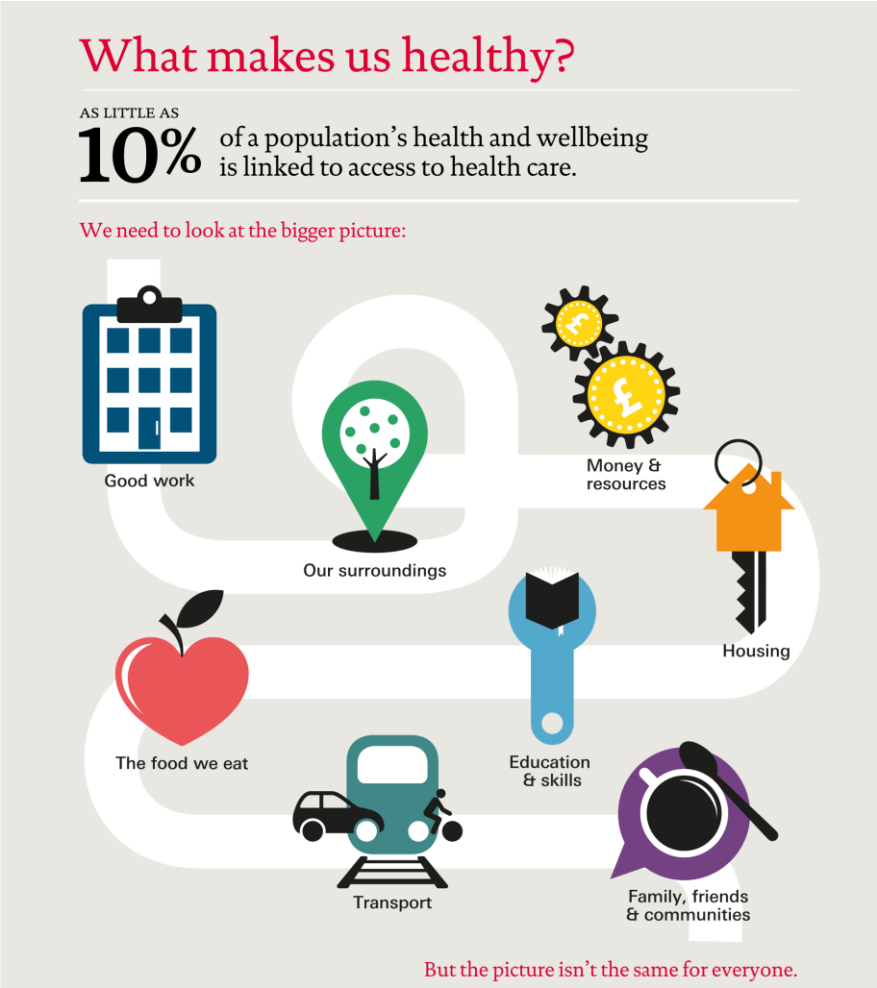
# So why no more hospital beds when demand is growing?

## North East Essex Example

- 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.

# Hub & Spoke Programme: Service model (opportunities)

## The Social determinants of health



- Mental Health & LD
- Loneliness
- Parent education & skills
- LTC Management
- Medicines Optimisation
- Social prescribing



# Hub & Spoke - What's in a Hub/ Spoke: Vision

Community Hub	Primary Care Hub	Primary Care Spoke
Serving a population size of 50,000	Serving a population size of 20,000 - 50,000	Serving a population size of 10,000 – 20,000
Primary Care	Primary Care	Primary Care
Diagnostics	Primary Care led	Primary Care or nurse led
Urgent Treatment Centre (Minor Injuries /minor illness)	Minor treatment	Minor treatment
Social care and mental health	Mental health	Mental health
Pharmacy – self care	Social prescribing	Social prescribing
Planned care - OPD	Planned care - OPD	-
Extended hours	Extended hours	Extended hours
Palliative Care teams	Therapy services	CBT
Community teams	Community teams	Links with community teams
Café/meeting areas to allow for community and group interaction (address isolation)	Bookable meeting area	Links with friending and other voluntary services
Digital services to provide self-care and self service activities	Primary Care Training/education	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 wayfinding and service triage	Voluntary services	Engagement with voluntary services

# What are we already working on changing?

- Changes to workforce – 20% of patients who see their GP don't need to
  - moving to a more flexible model which could divert activity to be seen by a nurse or pharmacist or via self care.
- Introducing new technology which will enable;
  - virtual consultations (eg. skype)
  - Online patient self help management (e.g Footfall)

# Challenges and Drivers

## Burning Platform

Growing  
Population

Increasing  
demand on  
services

Inefficient  
service  
models

Workforce  
deficit/  
recruitment  
issues

Poor estate  
condition  
and  
utilisation

- Who should I speak to?
- Who am I speaking for?
- How big is a crystal ball?
- Whose paying for this?
- How quick can we react?

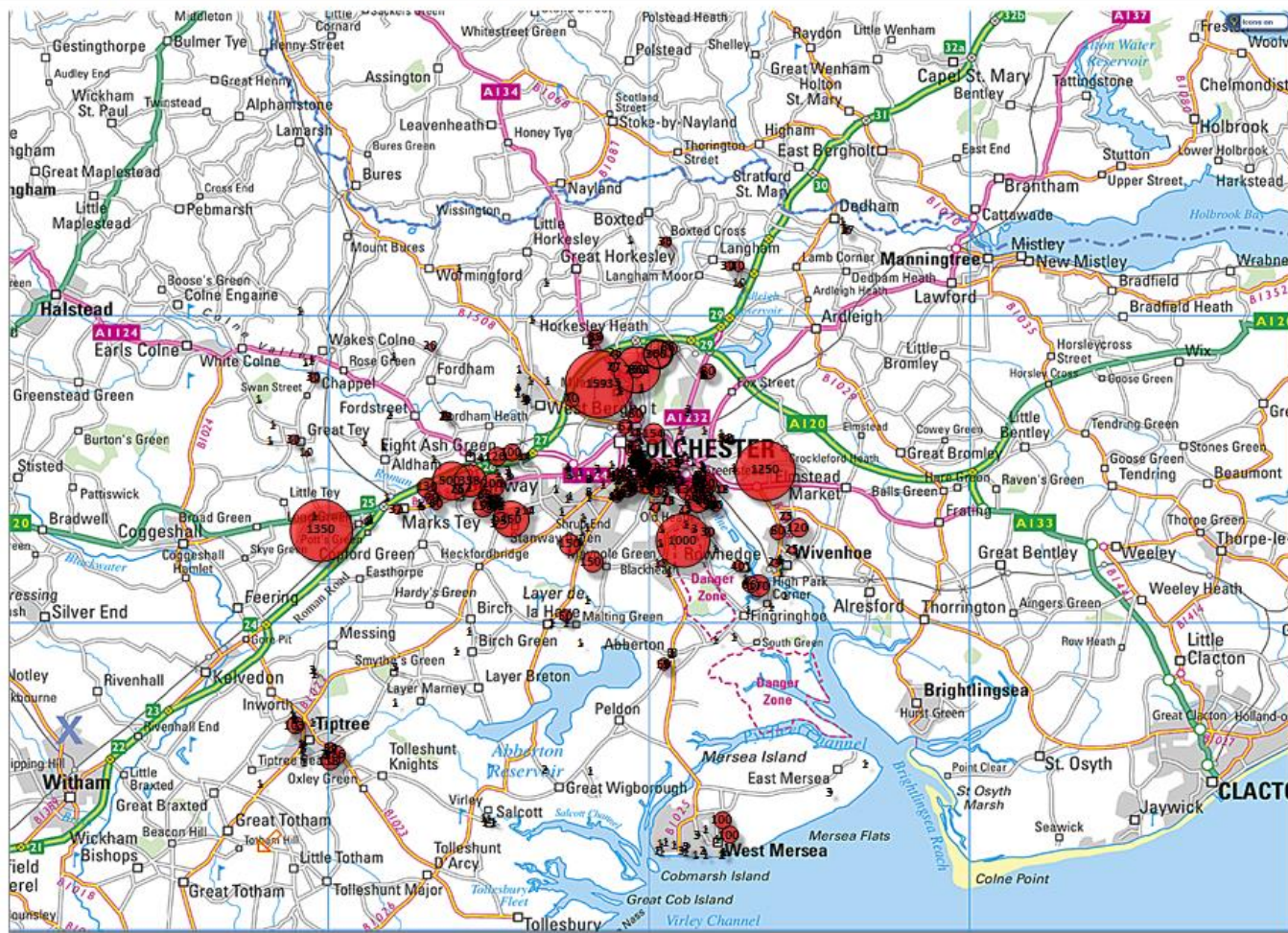
# Responsibilities on Health as Statutory Consultees

- To respond to planning applications at 50 dwellings or more.
- To Review Health Impact Assessments and provide appropriate response
- NOT to object on design of homes
- NHSE Calculation based on average population per household – 2011 census
- IMPORTANT DOESN'T HAVE TO BE BUILDINGS



# Increased population expectation to 2033

## Housing Sites Colchester LPA Remaining



Summary	Remaining
Dwellings	15,947
Registrations	35,083
WTE GPs	20.0
Infrastructure (m2)	2,406

Registrations by Ward	Remaining
Berechurch	95
Castle	2,176
Highwoods	9
Greenstead	1,047
Lexden & Braiswick	873
Marks Tey & Layer	6,213
Mersea & Pyefleet	649
Mile End	7,227
New Town & Christchurch	2,378
Old Heath & The Hythe	4,455
Prettygate	7
Rural North	766
Shrub End	669
Stanway	2,649
St Anne's & St John's	222
Tiptree	2,235
Wivenhoe	3,359
Borough Wide	55
<b>Total</b>	<b>35,083</b>

The map illustrates planned housing sites reported in statutory 5 Year Housing supply returns. The number of Dwellings is shown. Not all these sites may come forwards during the period indicated. Other windfall sites that are not illustrated may be developed.

Floorspace and GP demand is gross and takes no account of existing capacity, constraint or skill mix.

The data reported by LA Ward

# Working together with local authorities

- Strategic Planning Group Established in March 2018
- Working in partnership with local authorities to ensure health infrastructure (not just GP practice buildings) is factored into all new planning applications
- Planning new communities for healthy living using the Healthy New Town Guidance issued through the Town & Country Planning Association
- 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 service initiatives and not just buildings.
- Workforce and technology influence in shaping future healthcare provision.

# Health and Local Authority Strategic Planning Group

- 4 Key Roles
  - To act as a platform for discussion for strategic planning of infrastructure with Local Authorities and Health & Social Care Partners to ensure that any large new dwelling development which is identified can be appropriately supported.
  - To act as a working group on behalf of the North Essex Local Estates Forum (LEF) to review all relevant documented reports in relation to North Essex Garden Communities (NEGC), respond in a cohesive manner on behalf of key commissioner and provider organisations.

# Health and Local Authority Strategic Planning Group

- To act as a Task and Finish group for any related responses required for the North Essex Garden Community proposals providing a 'Health Partner' single written response on behalf of all identified members.
- To Work with Local Authority Planning Departments to develop mitigation processes in support of 'Health' primarily ensuring processes for Section 106 and CIL are met alongside the demand for the provision of Health infrastructure.



# Working together with Local Authorities - Section 106 mitigation

- Mitigation Responses - **New Agreed Wording** - The development would give rise to a need for improvements to capacity, in line with emerging STP Estates Strategy, by way of refurbishment, reconfiguration, extension, or potential relocation for the benefit of the patients of ----- Surgery /or area or through other solutions that address capacity and increased demand via digital solutions or health and wellbeing initiatives.
- New National Guidance — on securing Section 106 & CIL funds – issued Sept 2018
- STP S106/CIL Workshop February 2019 — aimed at Health professionals to look at innovative solutions to support Infrastructure requirements for the future – **first in the country** – Excellent feedback.
- Establishing ‘Task and Finish Group’

**KEY** *Infrastructure needs are much more than just primary care*

# Next Steps

- Continue to build relationships
- Joint working / planning especially on large developments – Engaging at Masterplanning stage.
- Increase linkages across STP footprints bringing out best practice
- Expected outcomes from Task and Finish Group;
  - **Agree a system funding request model (with evidence)**
  - **Agree how the STP will be submitting the response on behalf of the STP members**
  - **Agree a system project pipeline for 5 year housing trajectories**

*Embrace Change*

***Thank you for listening***

***Any Questions?***