# NORTH WEST SURREY HEALTH AND CARE PARTNERSHIP























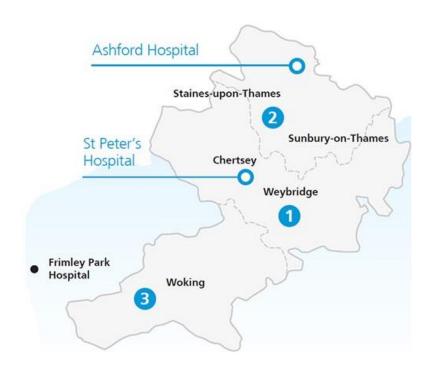


#### **Overview**

#### This presentation will broadly cover two topics:

- 1. The role of North West Surrey CCG and the new North West Surrey Integrated Care Partnership
- 2. An overview of key developments to improve primary care access in Spelthorne and North West Surrey; addressing specific questions raised by the committee

# The North West Surrey Integrated Care Partnership



Our ICP will bring a change to the traditional relationship between provider and commissioner; and drive the integration of health and social care.

Services will be provided holistically through a single, design decision making and financial structure, to deliver better outcomes to our patients and residents























# Our Areas of Focus & Approach

#### **Innovation**

- Community asset & vol. sector development
- Industry partnerships
- External Focus
- Research
- Bids & Commercial

#### **Transformation**

- Primary Care Networks
- Technology
- One Public Estate & Community Vision
- Care Homes
- A&E New Build & Urgent Care
- Reablement & Care Services

#### <u>Intelligence</u>

- Population Health Management
- Wider determinants of health
- Inequalities and variation
- Single view of quality, performance and spend

#### An established delivery structure

- Clear priorities, manageable number, strong focus
- Executive leadership across partners for priority programmes
- Dedicated delivery capacity and resource
- Collective oversight



#### **Our Priorities**

#### Structured system-wide work across 6 key programmes:

#### **Primary Care Networks**

- Network formation
- Social Prescribing
- Clinical Pharmacy Model
- Test Beds
- GP Access/Workforce Model

#### **Care Homes**

- Support model
- Technology
- Training

#### **Community Development**

- Social movement
- Prevention
- Community Asset Dev.
- Voluntary Sector Dev.

#### Community Resp & Care @ Home

- Crisis Response / Rapid
   Domiciliary Care
- Catheter Care
- Respiratory
- Discharge/D2A/Funding

#### **Digital & New Delivery Models**

- Virtual consultations
- Outpatients Transformation
- Referral Processes
- Remote monitoring
- Initiated follow-up

#### Workforce

- Community Nursing
- Care workers



# What needs to change?























## A wider focus...

Health Behaviours 30%

Smoking 10%

Diet/Exercise 10%

Alcohol use 5%

Poor sexual health 5% Socioeconomic Factors 40%

**Education 10%** 

Employment 10%

Income 10%

Family/Social Support 5%

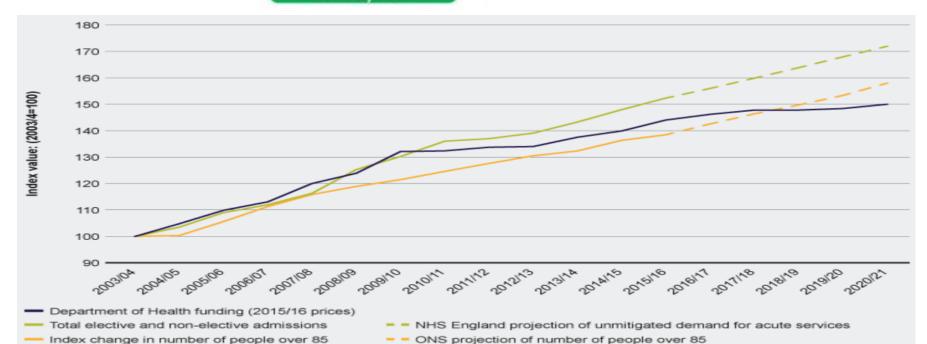
Community Safety 5% Clinical Care 20%

Access to care 10%

Quality of care 10% Built Environment 10%

Environmental Quality 5%

Built Environment 5%



## **Communities not Services**













Residents, Faith & Voluntary Sector



#### **Key Challenge – Primary Care Capacity**

#### **Challenges**

Constrained access to primary care services exacerbated by:

- Population growth and age
- Long term condition prevalence
- Social isolation and mental health
- Recruitment and training
- Ageing workforce and retention
- Poor infrastructure and physical space

#### **Response**

A comprehensive response is required to improve access and build sustainable primary care services

- £1.5m new investment in GP appointments
- Development of video consultations
   50,000 delivered this year
- Primary Care Network development focus on mental health and social isolation
- Improved partnership working with Borough Councils through the ICP e.g. estates, prevention
- GP retention initiatives
- National overseas recruitment programme

#### Specific Questions Raised by the Overview & Scrutiny Committee

- Shepperton Medical Practice New Booking System Pilot
  - Role of the CCG
  - Pilot delivery, evaluation and next steps
- Access to services and doctors appointments for elderly residents
  - Increasing capacity
  - Risk stratification and new technologies & virtual consultations
  - Locality Hub model
  - Named doctor provision
- Estates and Reception Privacy
  - Estate capacity and practice autonomy to design internal space
  - Reception privacy requirements
  - Process for recruitment onto patient panels