Chanctonbury
Local Community Network

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Henfield Medical Practice

Why now?

- Rising demand with static resources
- Aging demographic – proportion of elderly increasing rapidly – Chanctonbury top!
- Fewer GPs nationally (some practices closing) so we need to work differently
- Shortage of care workers
- Chance to build on an already strong community in Chanctonbury

Local Community Networks

Networks of health, councils, voluntary sector, patient/public leaders working with local communities.

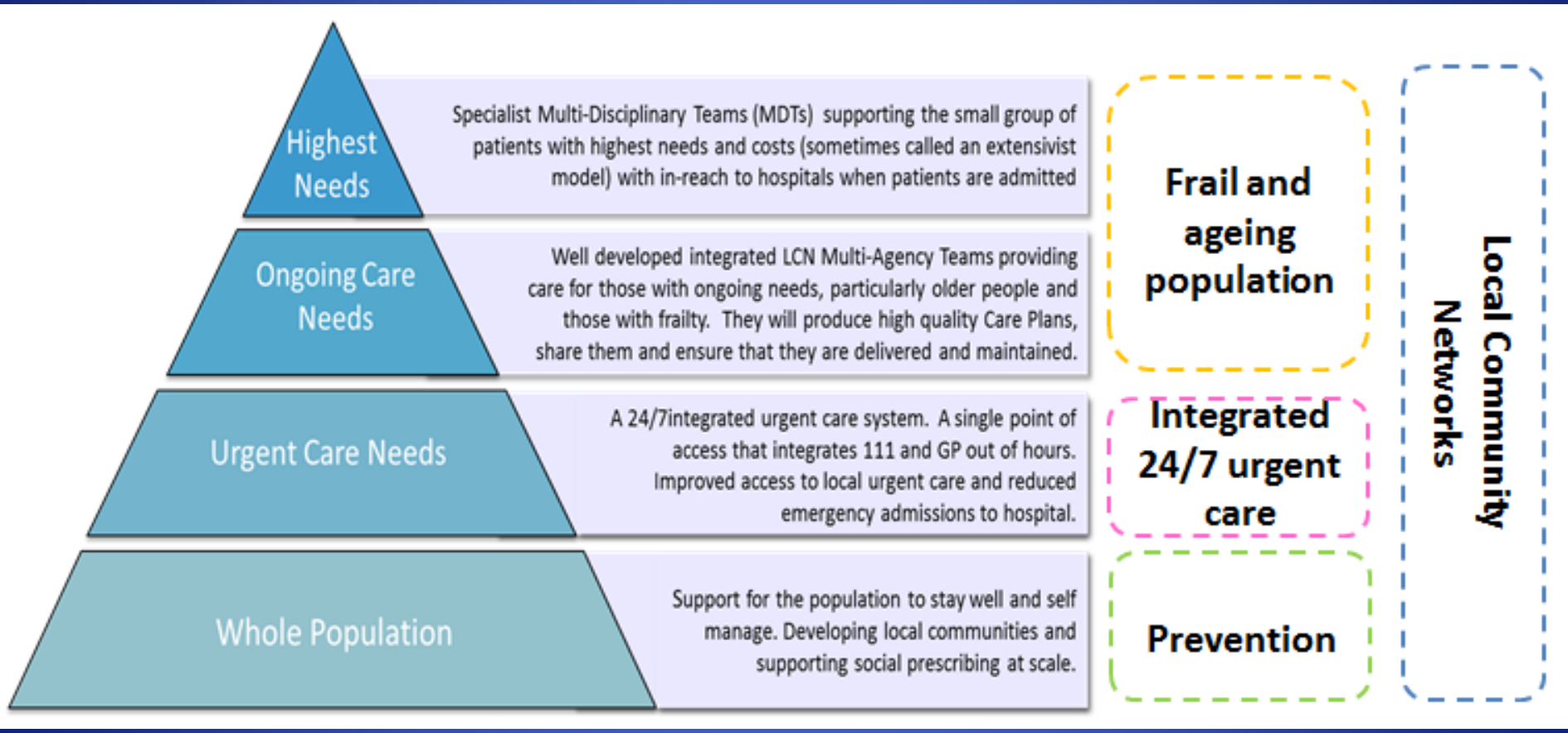
Their purpose is about the creation of shared approaches to organising and improving the health and wellbeing for their local populations.

The eight LCNs across Coastal West Sussex

- Rural North Chichester
- Chichester
- Regis
- REAL Care
- North Cissbury
- South Cissbury
- Adur
- Chanctonbury

FOR ENDORSEMENT

Coastal West Sussex Priorities



Frail and Aging Programme

A fundamental cultural shift in how our workforce's':

- Right individuals – for greater outcomes;
- Joint action - Multi-Disciplinary Teams (MDTs)
- New integrated Care Plans **in** the community;
- Community assets to improve outcomes for people;
- Care Homes, Dementia and Falls.

Urgent Care

GP practice

NHS 111

GP appointment at your practice

GP appointment at a GP access hub (evenings or weekends)

Urgent Treatment Centre (Worthing, Chichester, Bognor Regis)

Changes to Urgent Care

What we can expect to see…

Urgent Treatment Centres (UTCs)

Three new UTCs in Coastal West Sussex: two open 16 hours a day, 7 days, at existing acute hospital sites, and one at Bognor Regis War Memorial Hospital (open 12 hours, 7 days a week).

GP access Hubs

A number of locations across Coastal West Sussex to provide urgent GP appointments when GP practices are closed. They will be accessed via the new 111 service or your GP practice. Open until 10pm weekdays and additional clinics at the weekends.

- Change due to come in 2019 (GP access pilot from October 2018)

Prevention Programme

- Start Well:
  - Childhood obesity
  - Mental Health
- Live Well:
  - Social prescribing
  - Targeted prevention
- Age Well
  - Dementia friendly communities
  - Loneliness and social isolation

A life course approach

Start Well	**YP and Mental Health** **Childhood obesity**	• Wellbeing and resilience • Early intervention
Live Well	Social prescribing Targeted Prevention	• Self-Management • Health and wellbeing
Age Well	Social isolation Dementia	• Navigating support

Local engagement
“Keeping Henfield Healthy”
Village brainstorm event 15.6.17

Primary Care holds back the flood but is close to bursting!

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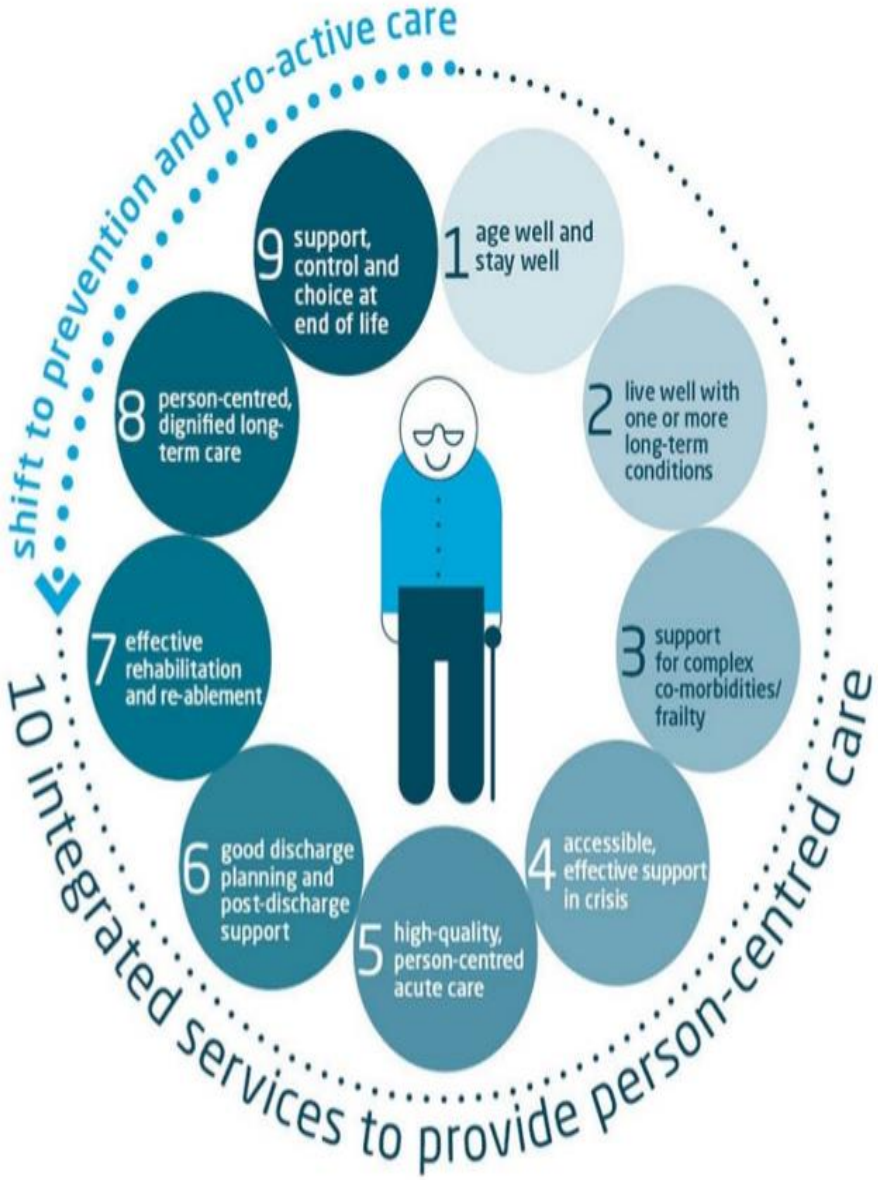
- Shortage of care workers
- Chance to build on an already strong community to…. SHOWCASE HOW TO BE REALLY BRILLIANT AT CARING FOR OUR ELDERLY AND VULNERABLE IN HENFIELD

Our community is fantastic

- Lots of clubs and societies help us stay fit both physically and mentally
- The community partnership are doing great stuff in mapping what we have
- The crucial stage is going to be to improve connectivity so vulnerable people can access all the resources that are out there

Frailty – the new buzz word

- Less able to think clearly, self-care or mobilise
- 65% >90 year olds are frail and 30% >90 years have dementia
- “A frail adult precariously retains independence by leaning on others, and has episodes of ill health that require intervention or admission.”



The King's Fund Ideas that change health care

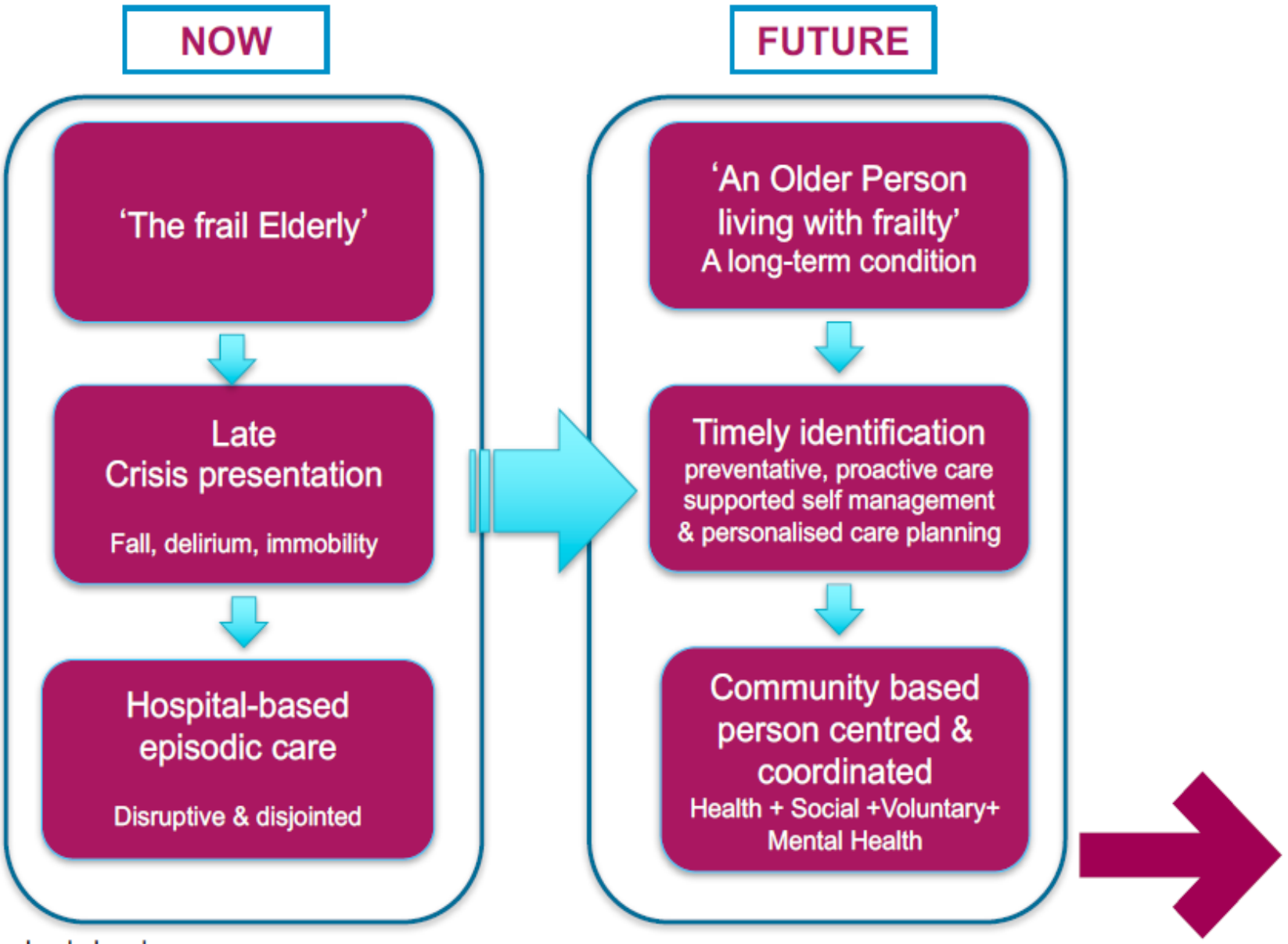
Pre-frailty

- Opportunity to make a difference at this stage
- Defined as having a chronic illness, making frequent visits to GP or hospitalisation
- Making lifestyle changes at this stage such as stopping smoking, losing weight, doing more exercise, can delay progression to “frailty”
- Crucially making relationships within the community and feeling valued helps reduce depression and maintain independence

Find → Recognise → Assess → Intervene → Long-term

Frailty as a Long Term Condition

NHS England



Hospital is bad for the frail elderly – 10 days bedbound in hospital can age them by 10 years

We Need To Change The Way We Work

How can the community help?

- Encourage healthy lifestyle in all age groups
- Direct the appropriate problem to the appropriate solution eg. Pharmacy
- Encourage people to take responsibility in managing their own illnesses and to live independently with chronic illness
- Clubs and societies reach out to vulnerable people
- Rapid local support at time of crisis (?to avoid admission)
- Post-discharge support (?to avoid readmission)
- Transport – the Link – has a massive role

Social Prescribing

- An exciting concept that is being piloted in Worthing “Going Local”
- Helps vulnerable people by signposting them to charities or services that might help them – even physically taking them there
- Helps patients solve practical problems and takes some social load off the GPs

End of Life Care

- One area where continuity and having a named key worker is vital
- We want people to feel in control of what is happening, to have choices and support
- We'd like to make end of life planning more accepted at an earlier stage. (booklet)
- Bereavement support

Issues to address

- **Improving lifestyle for everyone (smoking, diet, activity. etc)**
- **Appropriate use of the health service (sign-posting)**
- **Connecting vulnerable people to appropriate services, charities, volunteers**
- **Identifying vulnerable people**
- **Loneliness, self-worth**
- **Avoiding hospital admission**
- **Pet care in a crisis**
- **Smooth transition home out of hospital**
- **Encouraging rehabilitation after illness**

GoGo Granny

Go Go …a shining example of what we are aiming for!

My inspiration!

Achievements

- Out of this engagement with patients, communities, social workers, nurses, charities, mental health workers, vicar, local groups, parish council, we have set up ..

Henfield Connector Plus

And various mental health initiatives

Questions?