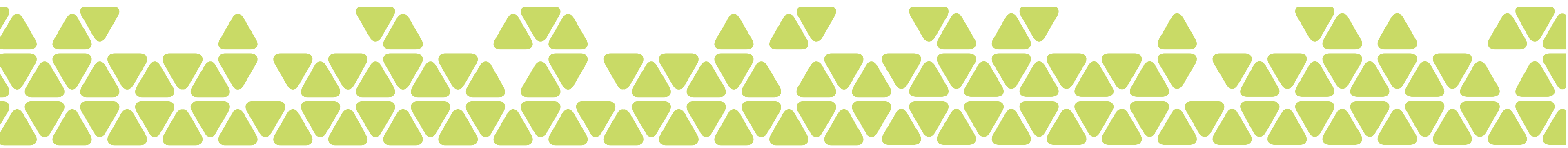
Ashford Clinical Commissioning Group

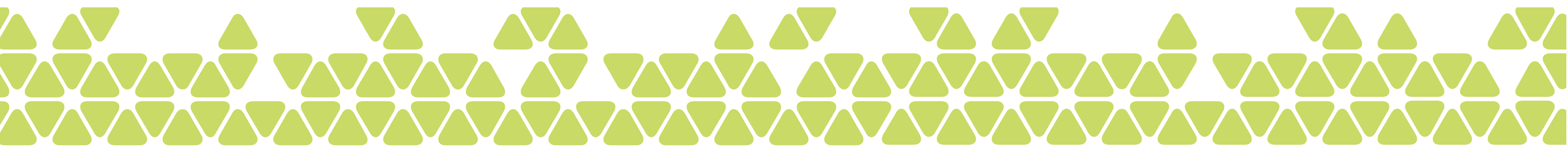
The Changing Face of NHS Ashford

Bill Millar – Chief Operating Officer
Neil Fisher – Head of Strategy and Planning

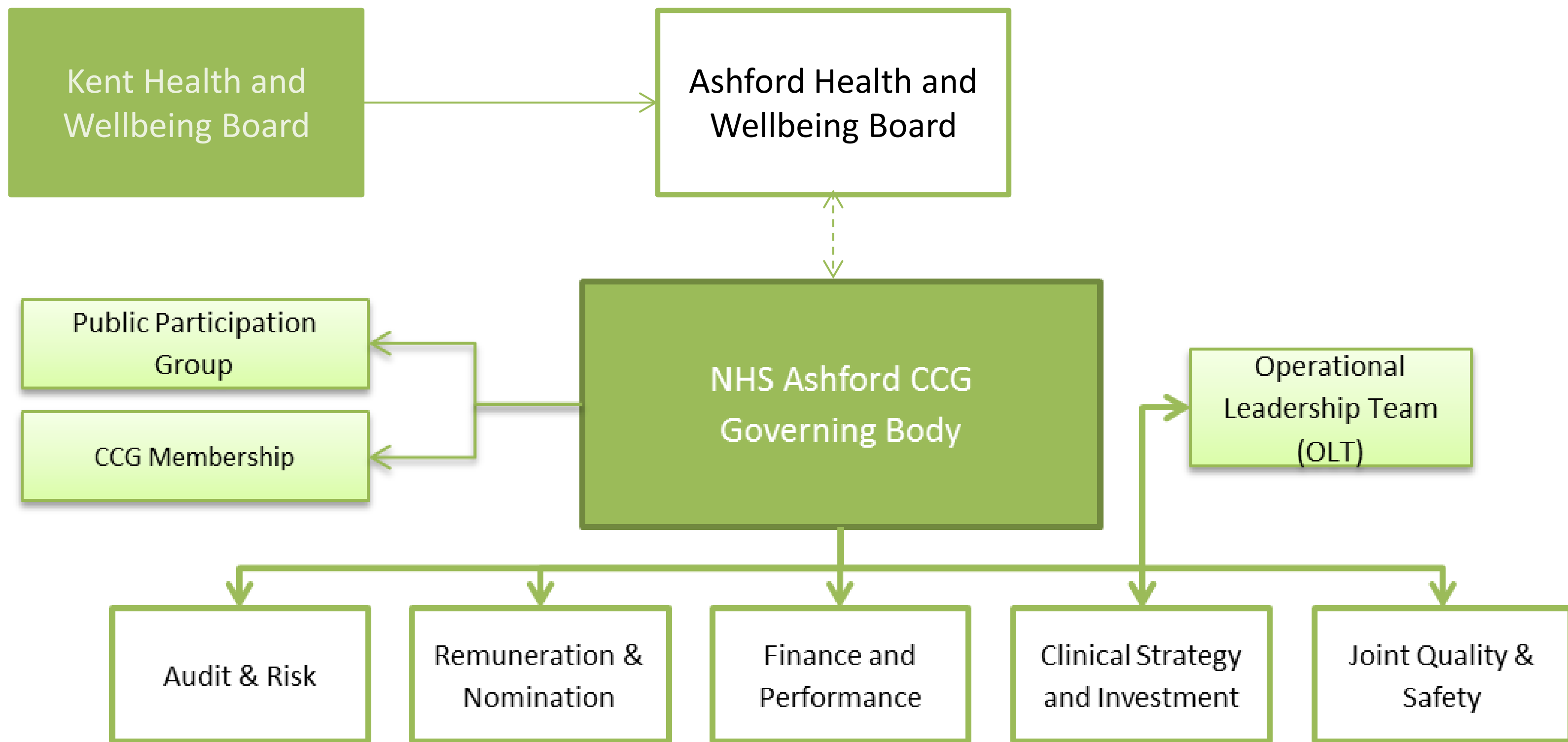


"The CCG is the practices and the practices are the CCG. There is no separate CCG to the member practices."

- Dame Barbara Hakin



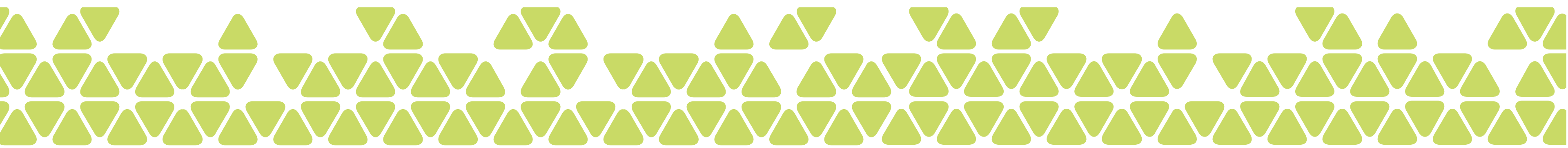
How your CCG works



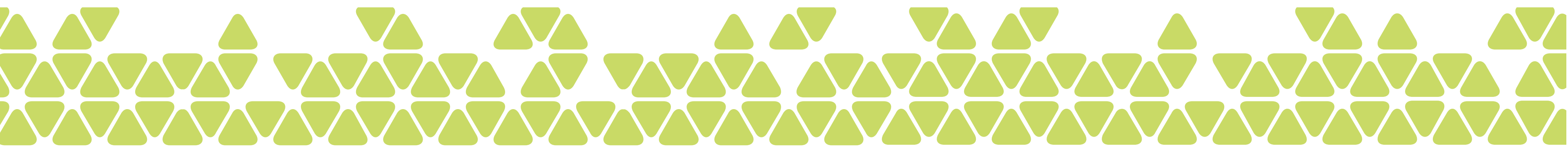
- Governing Body operates under mandate from 15 member practices
- Governing Body membership is:
  - 6 GPs, 1 x Chief Nurse, 1 x Registered Nurse, 1 x Hospital Consultant, 2 x Lay Members,
  - 4 x CCG officers (including Accountable Officer and Chief Finance Officer)

Local Health Profile

Life Expectancy	The average life expectancy in Ashford is 83.4 years for females compared to males at 80.7 The lowest life expectancy figures are in the wards of St Michaels and Weald East and Weald North, with the highest figures in Park Farm North and Washford. The difference in the number of years between the highest and lowest life expectancy at
Cause of Death	Circulatory Disease is now the main cause of death (34% of deaths), followed by Cancer (26%), and respiratory disease (15%).
Lifestyles	Smoking leads to cardiovascular disease, respiratory disease and cancer. NICE highlight that smoking is the “leading cause of health inequalities in the UK today and the principal reason for inequalities in death rates between rich and poor.” In Ashford, almost 35% of people in the most deprived wards are smokers which compares to less than 20% in more affluent wards. The prevalence of adult obesity has been mapped across electoral wards in Ashford. The wards with the highest prevalence (estimated to be between 26% and 30%) are Beaver, Stanhope, Norman and Aylesford Green. All these four wards are found in the
Long-Term Conditions	There will be increasing numbers of people who have long-term conditions and this will further increase with the ageing population, particularly the likelihood of having
Dementia	Dementia - with the increasing age of the population the number of dementia cases will rise; prevalence increases particularly in the population older than 65.
Mental Health	Age specific adult mental health rates are seen to correlate with areas of deprivation, with high rates seen in Stanhope, Beaver, Norman, South Willesborough, Aylesford Green and Victoria Wards. Lowest rates are seem in Weald North.



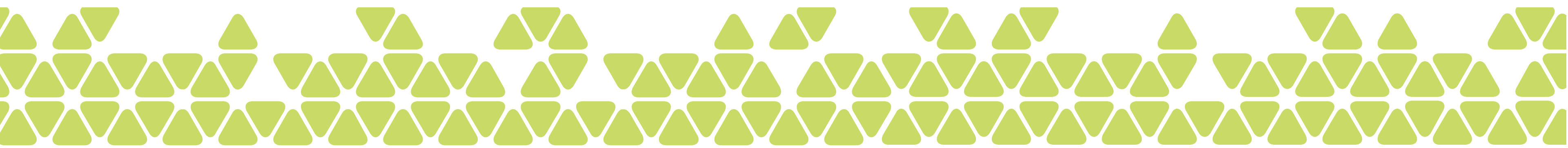
Improve the health and wellbeing of local people by working in partnership with local communities to create a sustainable health care system, integrating hospitals, GPs and community services.



What your CCG has delivered in 13/14

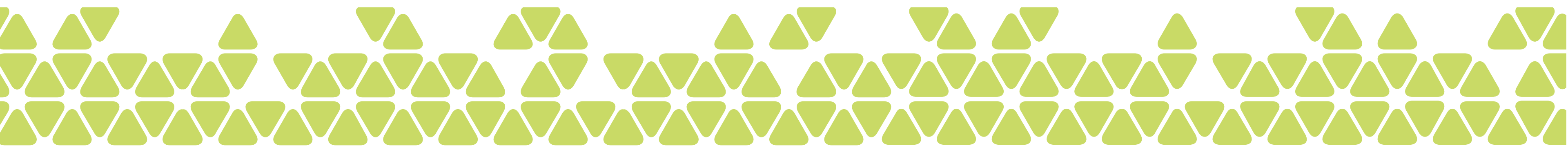
Care Home project continues and recognised with National Award (Health Service Journal)

- Risk stratification in place across all practices
- Integrated teams organised into Cluster teams
- Review of Westview implemented
- Shared care protocol for management of dementia drugs in primary care



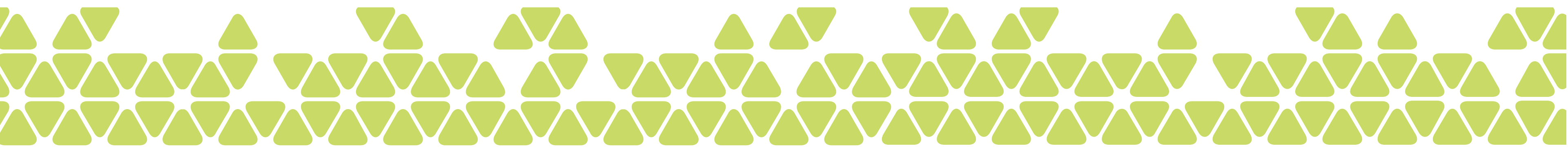
What your CCG has delivered in 13/14

- Introduced Carpal Tunnel pre referral splinting
- CCG based Surgery in Primary Care service introduced to avoid patient's need to travel
- Joint injections pathway implemented so that patients are treated in primary care and not referred to secondary care
- In house services – specifications agreed and new contracts issued



What the CCG has delivered in 13/14

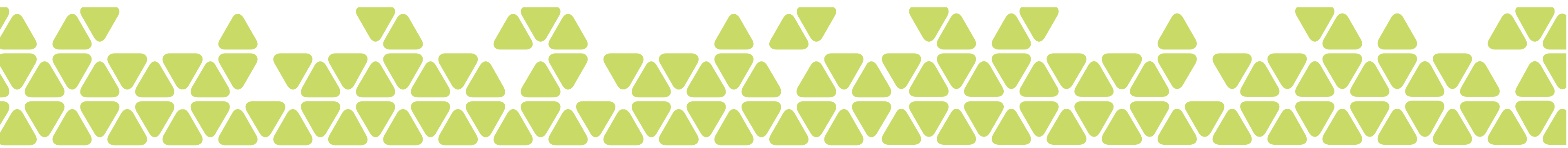
- GP in A/E extended to 7 day service
- Primary Care Foundation standards implemented within practices
- Pilot for 7 day primary care service in place
- MIU local enhanced service reviewed and new specification agreed
- Improved waiting times for IAPT services



Ashford Clinical Commissioning Group

Moving Forwards

The Next Five Years



The Efficiency Challenge

An ageing population needs more healthcare

Healthcare Costs

Funding for the next parliament?

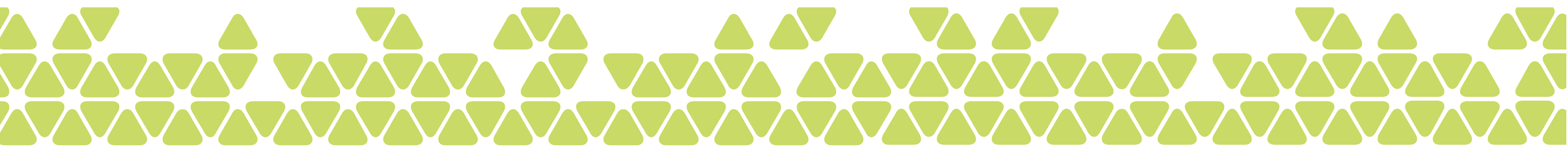
NHS Funding

Level funding for this parliament

May 2010

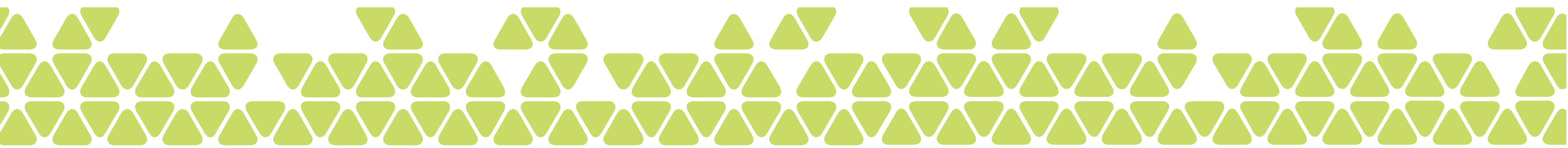
May 2015

May 2020



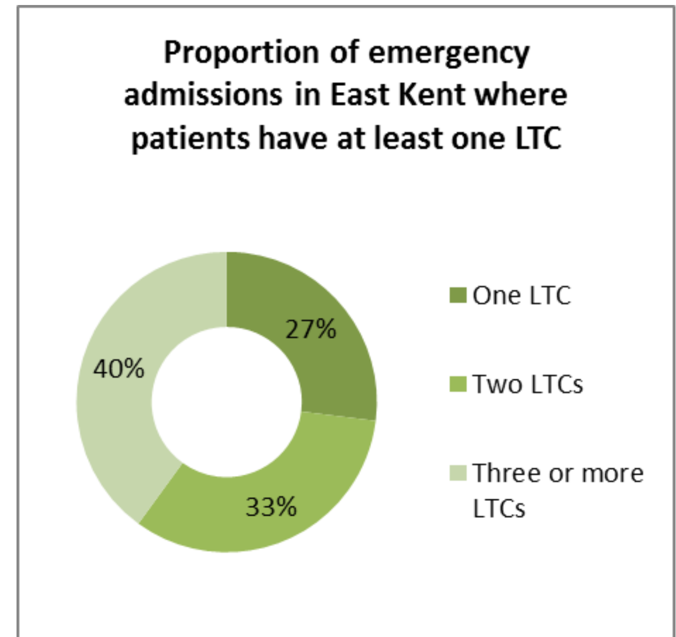
The View in East Kent: Financial Challenge

	2018/19 Gap (Budget Share)	2018/19 Gap (Demographic Forecast)
NHS Ashford CCG	£24 million	£27 million
NHS Canterbury & Costal CCG	£44 million	£49 million
NHS South Kent Coast CCG	£47 million	£52 million
NHS Thanet CCG	£35 million	£40 million
East Kent Total	£151 million	£168 million



What are the pressure points?

- Increasing use of emergency services
  - GP, Minor Injuries, Accident and Emergency
- Increase in long term conditions
  - Older patients tend to have longer spells and are readmitted more frequently after a first hospital spell
  - Ageing is a fundamental factor, as the prevalence of LTCs is up to 6 times higher in over 65s than in under 65s
  - Patients with LTCs have been recently estimated to account for 70% of the total health and care spend in England
- Public Expectation
  - Faster, better, more



Developing Plans for the Future

Assess Needs

National and Local Strategic Framework

Membership and Public Engagement (Idea Generation)

Project Development
- **Activity Assumptions**
- **Financial Modelling**

Membership and Public Engagement (Prioritisation)

Priority Areas 2014-2019

Community Networks

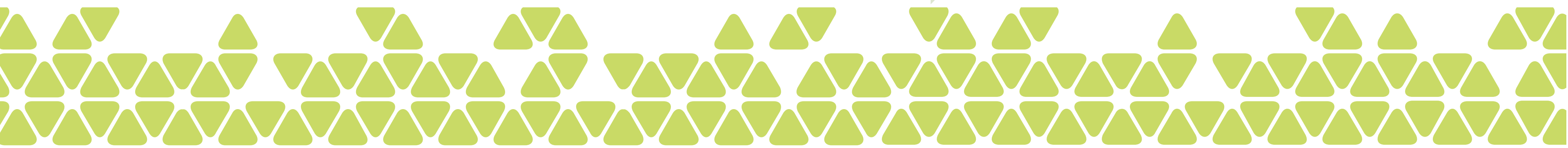
Primary Care

Mental Health

Urgent Care/Long Term Conditions

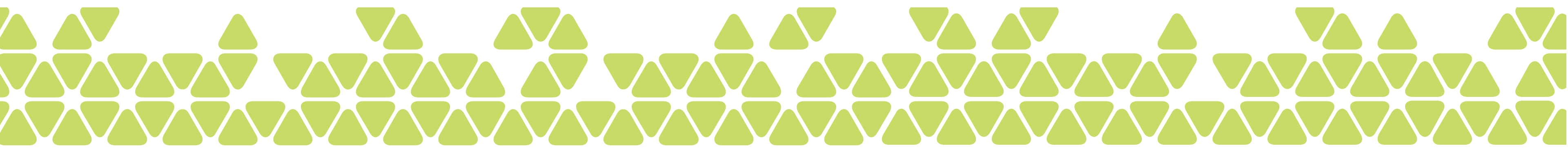
Planned Care/Long Term Conditions

Children and Young People



View from Public and Membership Events

- Support preventative care
- Enhanced primary care
- Earlier diagnosis for Long Term Conditions including Dementia
- Anticipated care planning
- Integration – social care, primary care, community – improve communication
- Urgent Care needs to include children and Mental Health/Dementia crisis



Localism, Personalisation and Individual Responsibility

Individualised Approach

NHS/Social Care

My CCG

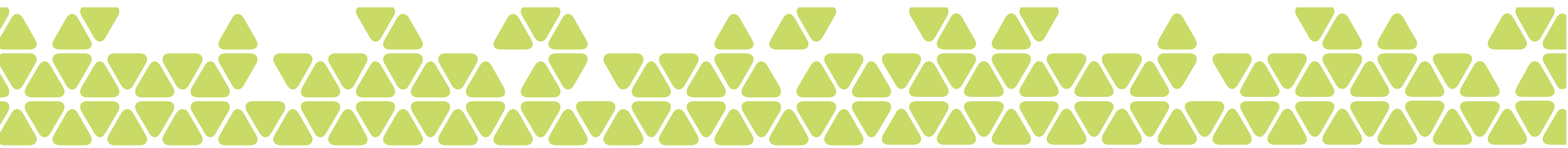
My Community

Friends and Neighbours

My Household

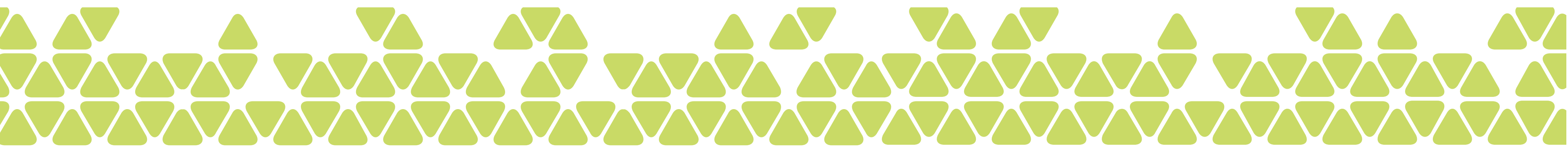
Me

Individual Responsibility



Our Vision

Primary Care	Community Networks
We will see practices working together in collaboration with each other and secondary care, embedding integrated community health and social care teams within day to day practice, offering improved access, and acting as the central hub for a wider range of services while maintaining the values and continuity of traditional GP services.	Primary and community care services working closer together, along with voluntary organisations and other independent sector organisations.
Mental Health	**Urgent Care**
We will improve the life expectancy and the physical health of those with severe mental illness, and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities	We want care that crosses the boundaries between primary, community, hospital and social care.
Maternity and Young People	**Planned Care**
We will ensure that vertical and horizontal integration of all paediatric services, including health, social and voluntary sectors, to reduce inequalities in care, narrow the gaps, avoid duplication and reduce clinical variation	We will ensure appropriate referral to the right clinician, according to patient choice in line with national access standards. Patients will see the correct person first time, will investigations carried out on the same day reducing the number of attendances.



Integration

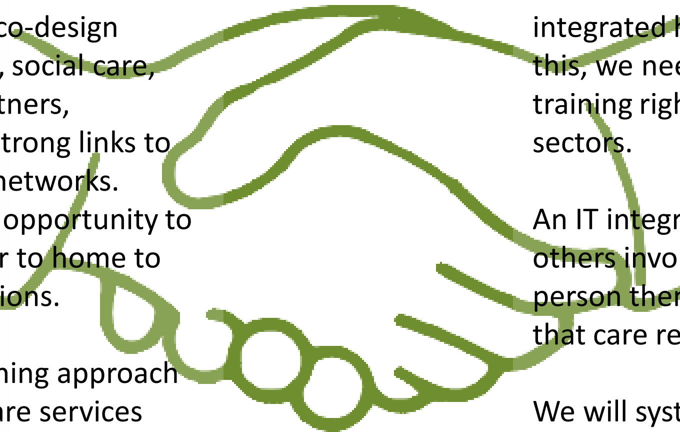
Integrated Commissioning

We will design and commission new systems-wide models of care that ensure the financial sustainability of health and social care services by apply a proactive, rather than a reactive, model that means the avoidance of hospital and care home admissions.

We will introduce community based co-design partnerships between local authority, social care, patients, carers, voluntary sector partners, healthcare providers and CCGs with strong links to innovation, evaluation and research networks. These services will give people every opportunity to receive personalised care at, or closer to home to avoid hospital and care home admissions.

We will use an integrated commissioning approach to buy integrated health and social care services where this makes sense, achieving the shift from spend and activity in acute and residential care to community services

New procurement models will be in place, such as alliance, lead provider, key strategic partner and industry contracts, delivering outcome based commissioned services incentivising providers to work together.



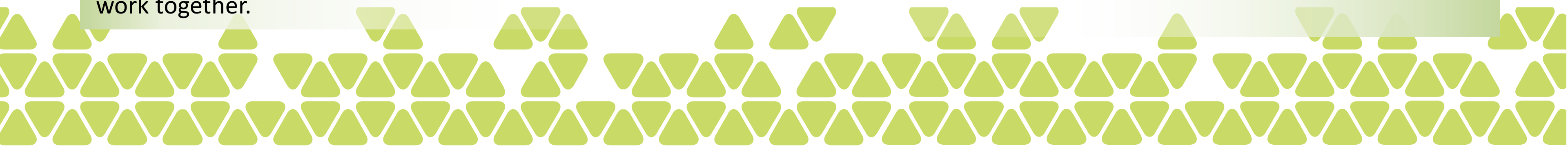
Integrated Provision

A model of 24/7 community based care, with fully integrated multi-disciplinary teams across acute and community services with primary care playing a key co-ordination role. The community, primary & secondary care interfaces will become integrated.

We will have a workforce fit for purpose to deliver integrated health and social care services. To have this, we need to start planning now and deliver training right across health, social care and voluntary sectors.

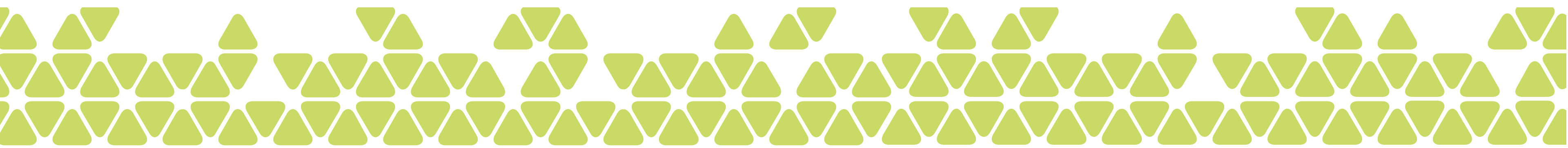
An IT integration platform will enable clinicians and others involved in someone’s care, including the person themselves, to view and input information so that care records are joined up and seamless.

We will systematise self care/self-management through assistive technologies, care navigation, the development of Dementia Friendly Communities and other support provided by the voluntary sector.



Laying the Foundations

- Joint Projects:
  - Integrated Health and Social Care Team
  - Accommodation Strategy
  - Falls Prevention
  - Integrated Urgent Care Centre
  - Mental Health
  - Care Homes Support
  - West View
  - Medical Interoperability Gateway (IT Integration!)
  - Joint Voluntary Sector Support
- CCG Specific Projects
  - Enhanced Primary Care
  - Community Fund
  - 7-Day Working



Your CCG Budget

NHS Ashford CCG
Financial Projection 2014-2019

£ '000

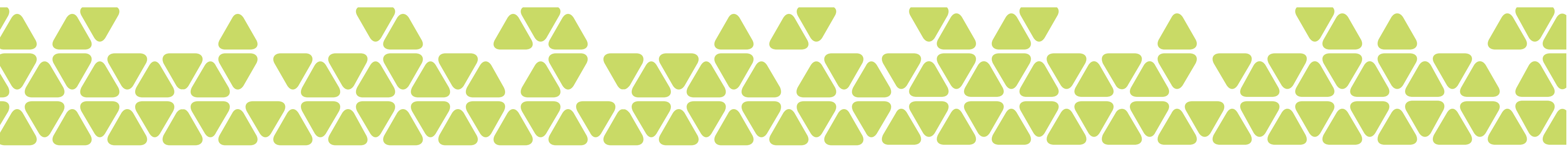
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
-

Baseline 2013/14
2014/15
2015/16
2016/17
2017/18
2018/19

Year

Contingency
Running Costs
Other Programme
Primary Care
Prescribing
Joint Services
Continuing Care
Community
Mental Health
Acute

- *Total Budget £133m,*
  - *or £364,000 per day*
  - *or £1100 per patient*
- *Context*
  - *One hip replacement = £5k-6k*
  - *Cataract replacement = £704*
  - *Birth (caesarean) = £2-3k*

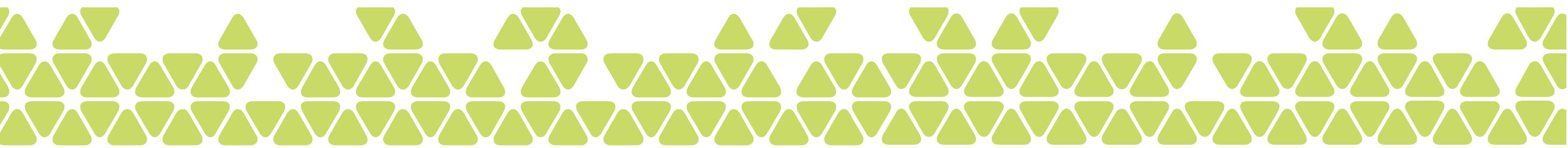


Community Networks

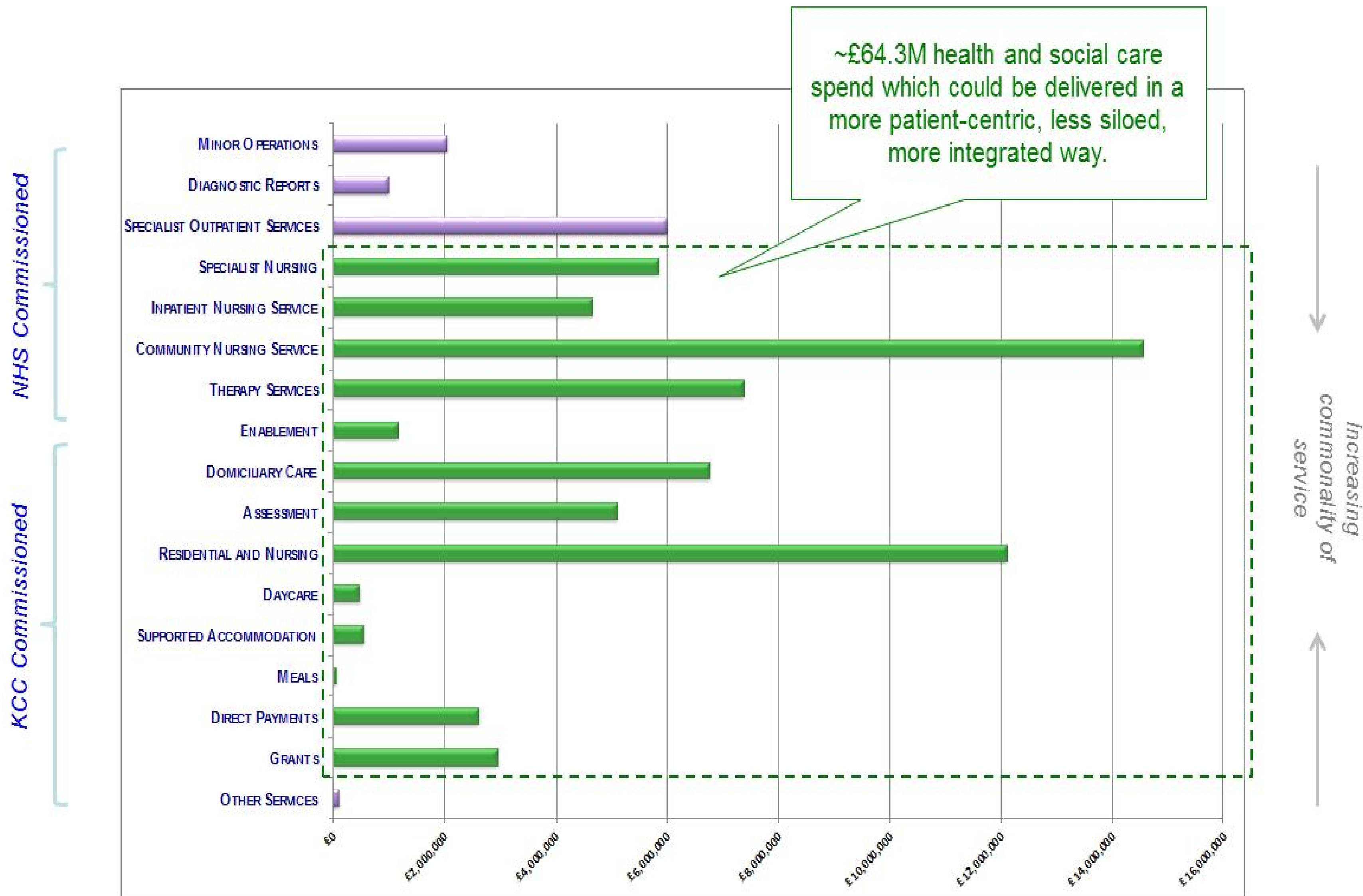
	Hub 1	Hub 2	Hub 3	
Defined budget	Tailored community based services	Tailored community based services	Tailored community based services	Explicit outcomes
Defined budget	Core set of community based health **and** social care services.	Core set of community based health **and** social care services.	Core set of community based health **and** social care services.	Explicit outcomes

Complements (Hub 1 ↔ Hub 2) — Complements (Hub 2 ↔ Hub 3)

Tailored community based services e.g. :	Outpatients Specialist Diagnostics Addiction Services
Core community based health and social care services e.g. :	Assisted Living Befriending Care Homes Care Planning Carer Support Citizen's Advice Community Equipment Counselling Services Community Nursing Dementia Support End of Life Care General Practice Home Support Assessment Inpatient Beds (Step-Up and Step-Down) Meals-on-Wheels Minor Injuries Physiotherapy Pharmacy Respite Care Sexual Health

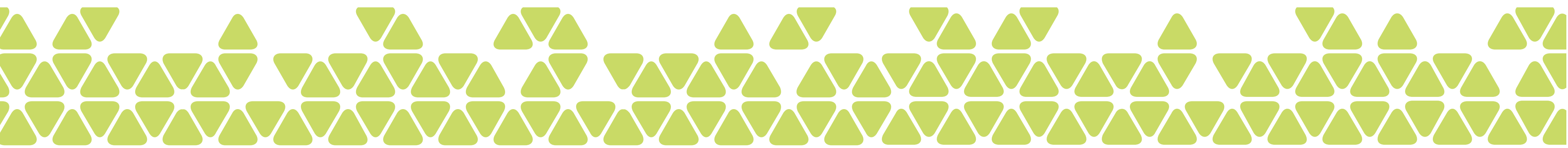


Using the Better Care Fund



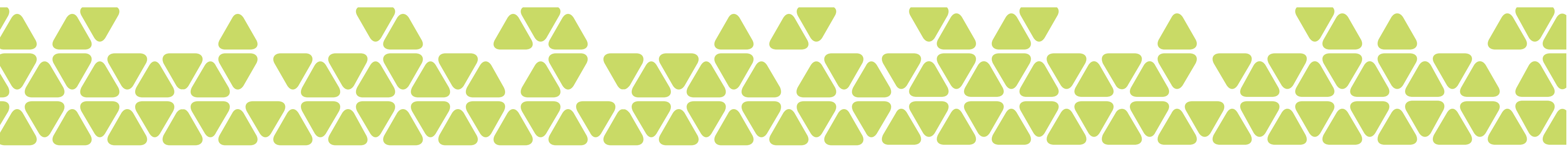
Ashford Clinical Commissioning Group

An Organisation Fit for the Future

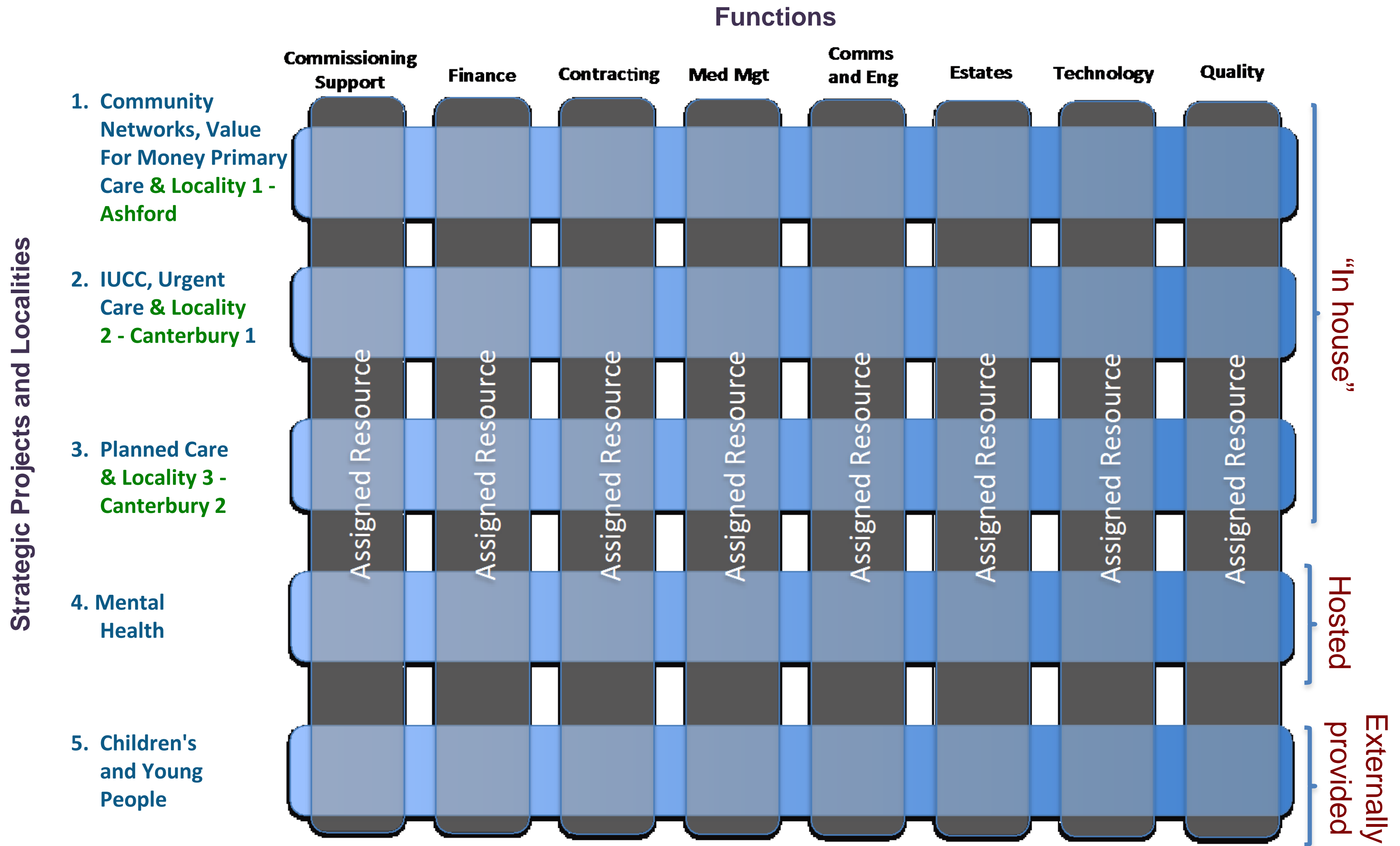


Why we are considering CCG merger?

- Stronger clinical input
  - At the moment the two CCGs are finding it difficult to fill all clinical lead positions
  - There is currently duplication of effort between Ashford’s and C&C’s clinical leads
- Merged CCG leadership equals more efficiency and improved focus on delivery
  - Leadership time is currently too heavily weighted on running and administering two sets of the same meetings
- Future financial risks would be mitigated
  - All CCGs have been asked to make 10% cost savings in 2015 and the merger will allow us to do this whilst increasing our focus on our localities and member practices
- Care closer to home and work to take place at a very local level
  - staff will be re aligned to community networks as part of internal re-organisation which will transform local health and social care services
- Increased commissioning power and improvement for providers
  - One larger CCG has more leverage over its providers than a smaller CCG
  - Time focused on meetings with a single commissioner instead of two



Proposed, draft organisational design schematic



Thank you.

Contact Details:

neil.fisher@nhs.net

07508735628