



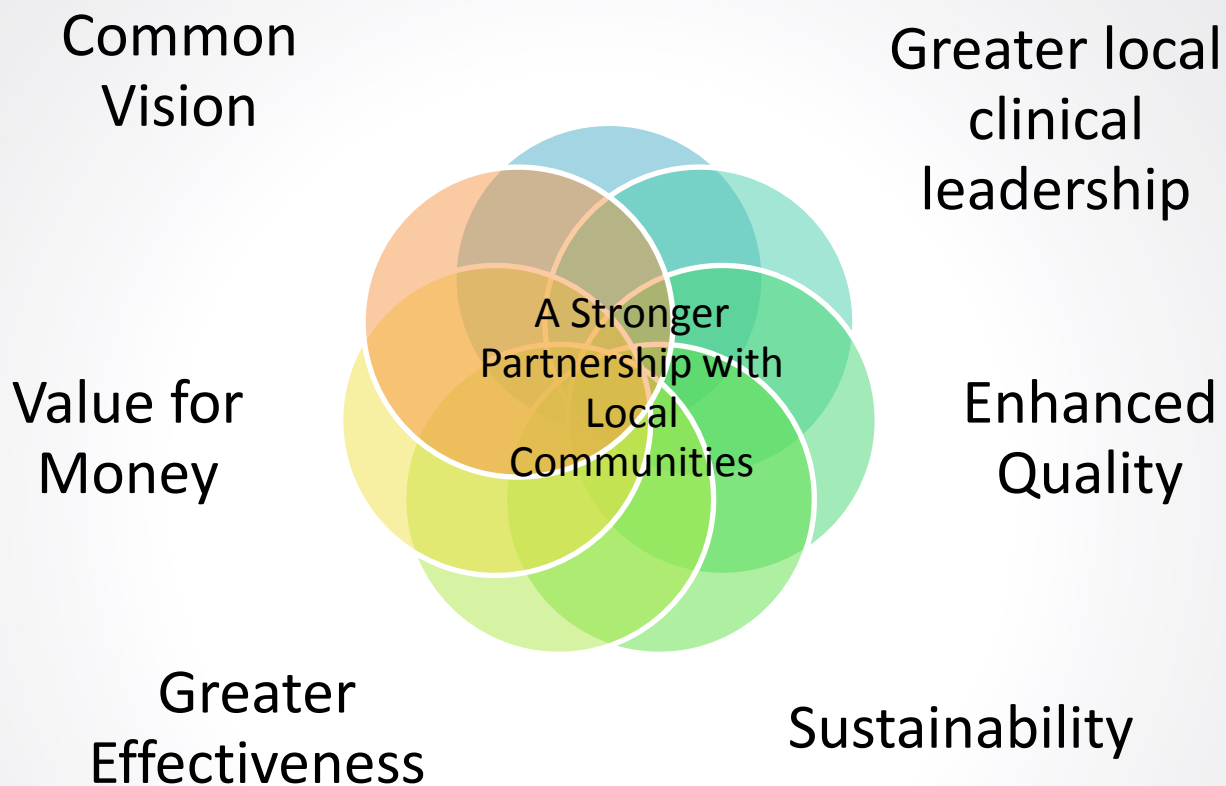
Preparing for the future

Building Clinical Commissioning
Supporting Local Populations
Delivering Better Care for Patients



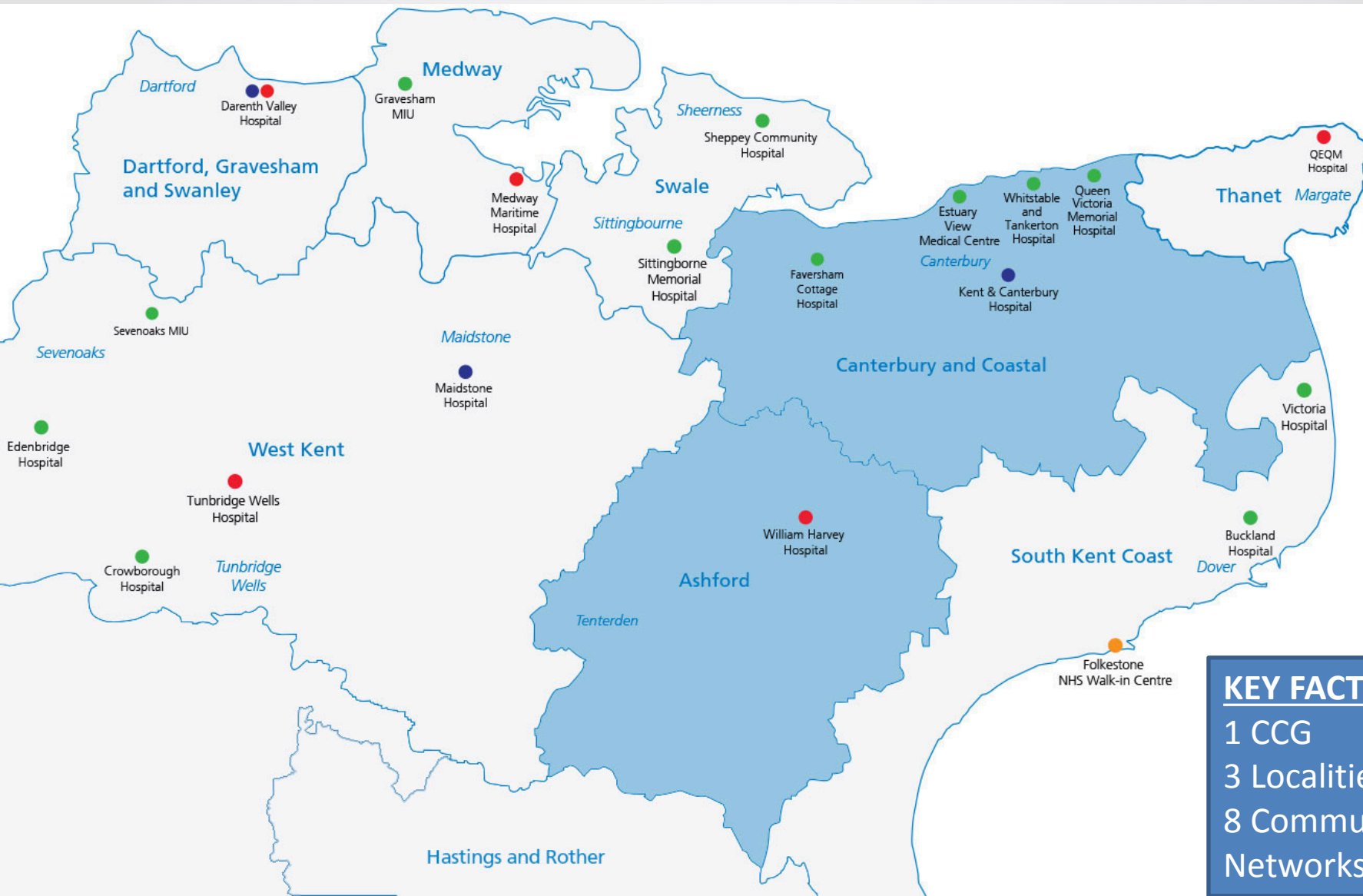


Why Merge





The CCGs



KEY FACTS

- 1 CCG
- 3 Localities
- 8 Community Networks



Our Local Population

Ashford CCG

- Expanding Population (Local Plans)
- Ageing Population (83.4)
- Large 40-69 Population
- Increasing numbers with LTC
- Increasing Prevalence of Dementia
- Main Cause of Death:
 - Circulatory Disease
 - Cancer
 - Respiratory
- Mental Health Prevalence

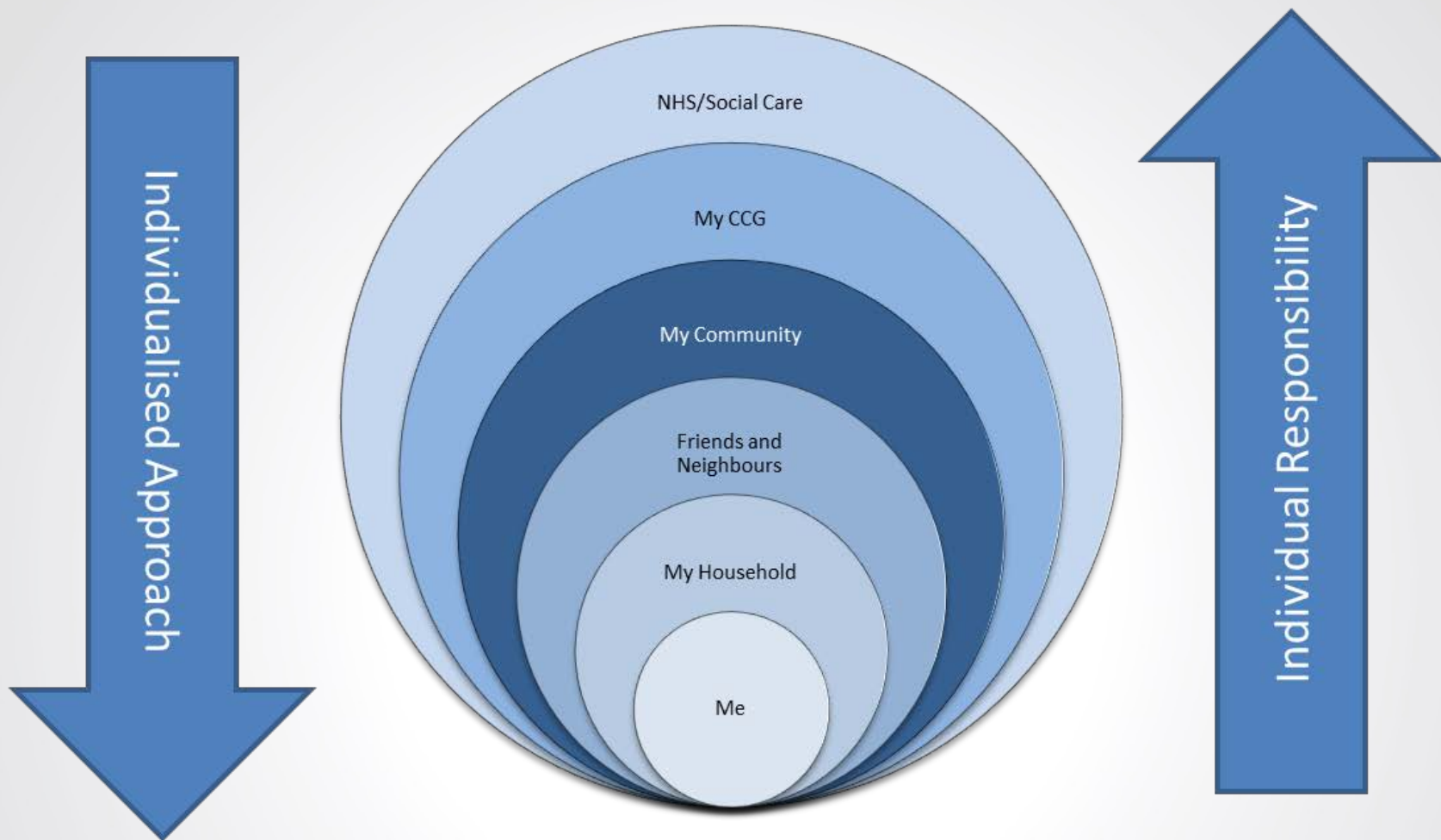
Canterbury & Coastal CCG

- Expanding Population (Local Plans)
- Ageing Population (81.2)
- Large 15-29 Population
- Increasing numbers with LTC
- Increasing Prevalence of Dementia
- Main Cause of Death:
 - Circulatory Disease
 - Cancer
 - Respiratory
- Self Harm





Joint Strategic Direction





A Natural Progression

Closely aligned organisations which already share an Operational Leadership Team and key members of staff

Much of our vision, values and planning is aligned and this would not necessarily be the case with other CCGs.

Need to invest additional resources in Locality Teams

We want to support the future direction of primary care

Capacity of Clinical Leadership remains a significant challenge





Our Common Vision

Primary Care

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.

Community Networks

Primary and community care services working closer together, along with voluntary organisations and other independent sector organisations.

Mental Health

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

Urgent Care

We want care that crosses the boundaries between primary, community, hospital and social care.

Maternity and Young People

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

Planned Care

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.





Key Successes

Achieved all finance targets in 2013/14

Quality Visit framework implemented

Independent safeguarding review

Placement review board

Integrated Urgent Care Centre

Care Homes Project

Integrated Health and Social Care Teams

Improved waiting times for counselling services (IAPT)

Primary Care Mental Health workers

Our role in the community





What we will do better...

Primary Care

- Co Commissioning

Urgent Care/Long Term Conditions

- DVT/Anti-Coagulation

Mental Health

- Parity of Esteem

Maternity, Children and Young People

- Early Pregnancy Unit redesign

Planned Care

- Orthopaedic redesign





Developing the Commissioning Capacity

Sustainable Clinical Leadership

Commissioning Capacity aligned to locality teams

Developing local clinical leadership

Develop Local Commissioning Academy, including GP Trainee Scheme

Realising the benefit of being an intelligent customer





Risks and Benefits of Merger

Current Risk

- Insufficient capacity for Clinical board members to focus on service development within localities
- Duplicated committees and discussions
- Duplication of efforts for both the CCGs and our partners
- Inequity of services and outcomes for patients across the two CCGs
- Fragmented community and acute services
- No Primary Care Strategy

Benefits

- Clinical board members focussing on services and development within localities
- Strengthening role of Committees through new governance arrangements
- Efficiency benefits within the CCG and with partners
- Improved quality of services for our patients through reducing inequity
- Development of Local Services for Patients (Community Networks)
- Co-produced Primary Care Strategy



Financial case for merging

Cash Saving Description	£'000
Clinical Input	121
Internal Audit	40
External Audit	50
External Commissioning Support	420
Total	631

Resource Saving Description	Whole Time Equivalent	£'000
Executive team	0.93	104
Commissioning team shared posts	0.66	43
Commissioning team CCG specific posts	0.26	11
Finance team	1.94	44
Health economy as a whole	0.54	29
Total	4.33	231





Impact of Merging

Risk

- Reduction in membership and public ownership
- Loss of local focus
- Diversion of management attention during implementation phase
- Reduced Organisational Effectiveness

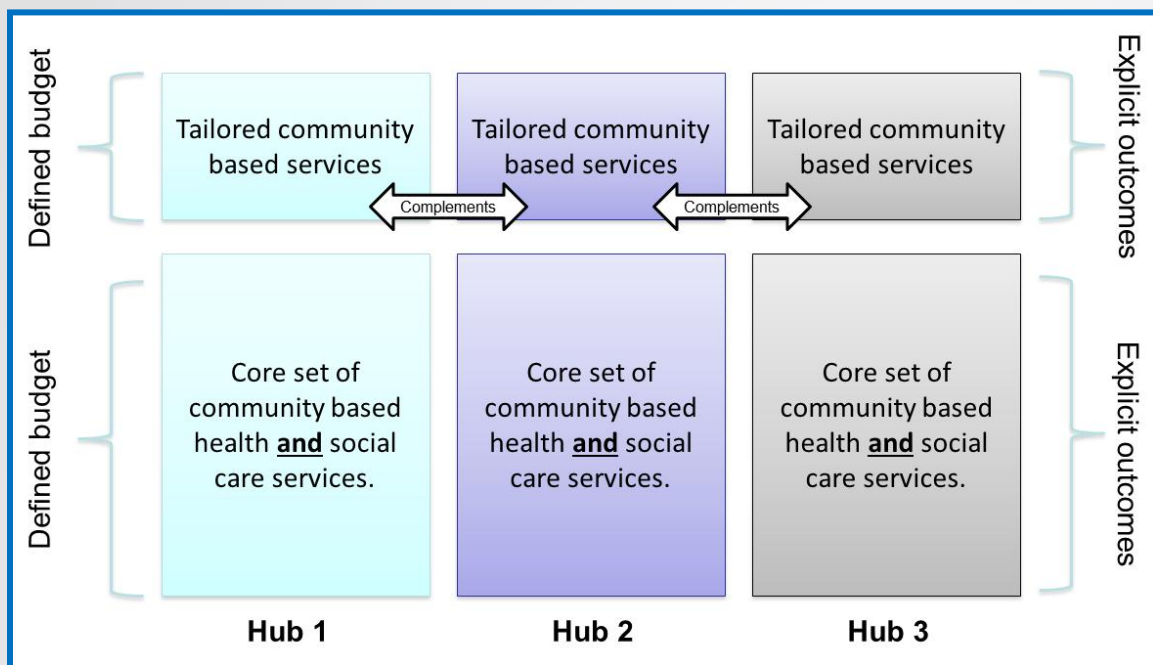
Mitigation

- Co-Design of Community Services
- CCG staff and reporting realigned to Localities
- Improved, efficient processes reducing duplication and creating capacity within existing resource
- Organisational Development Plan





Community Networks

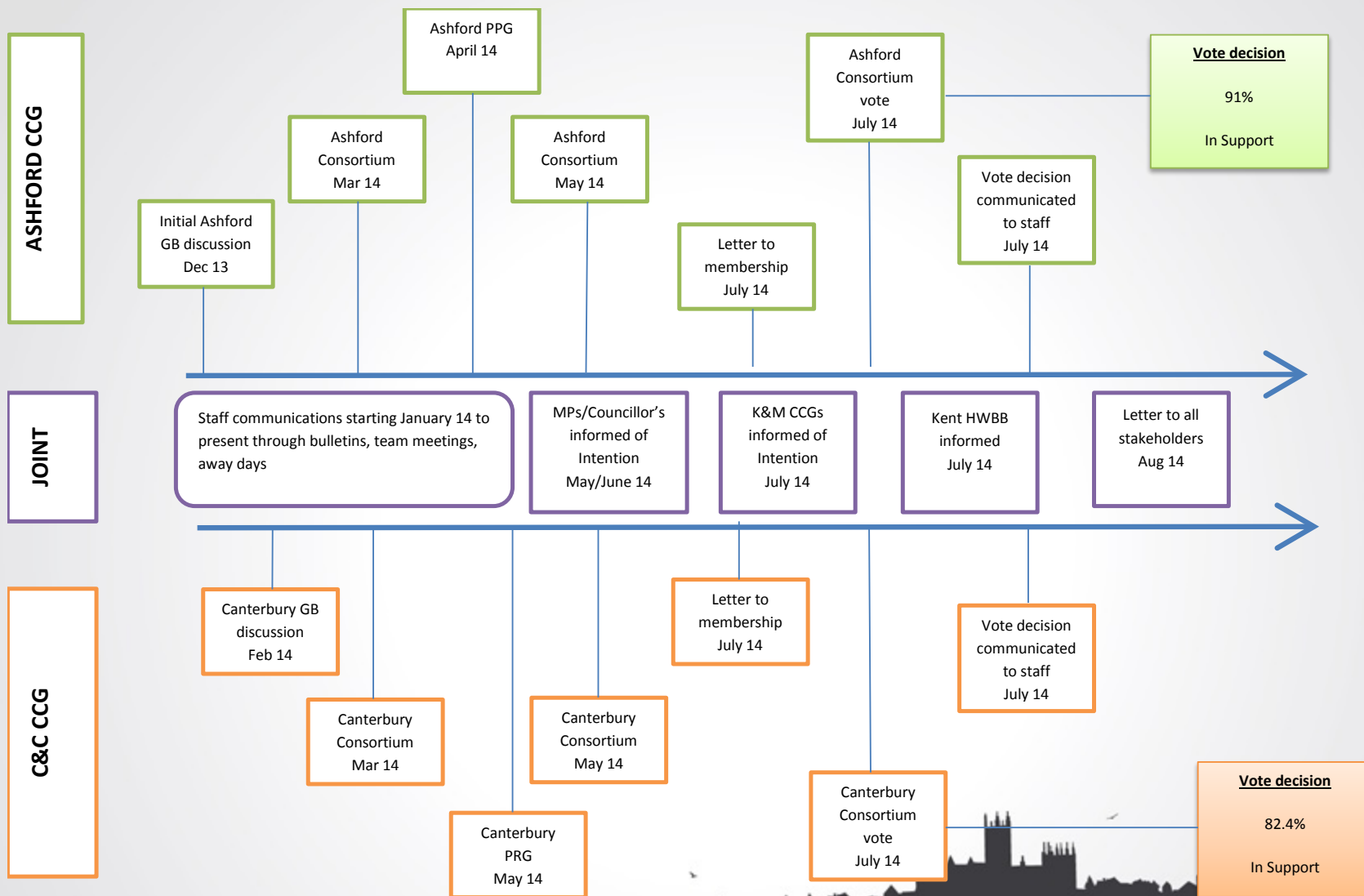


<p>Tailored community based services e.g. :</p>	<ul style="list-style-type: none"> Outpatients Specialist Diagnostics Addiction Services
<p>Core community based health and social care services e.g. :</p>	<ul style="list-style-type: none"> Assisted Living Befriending Care Homes Care Planning Carer Support 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



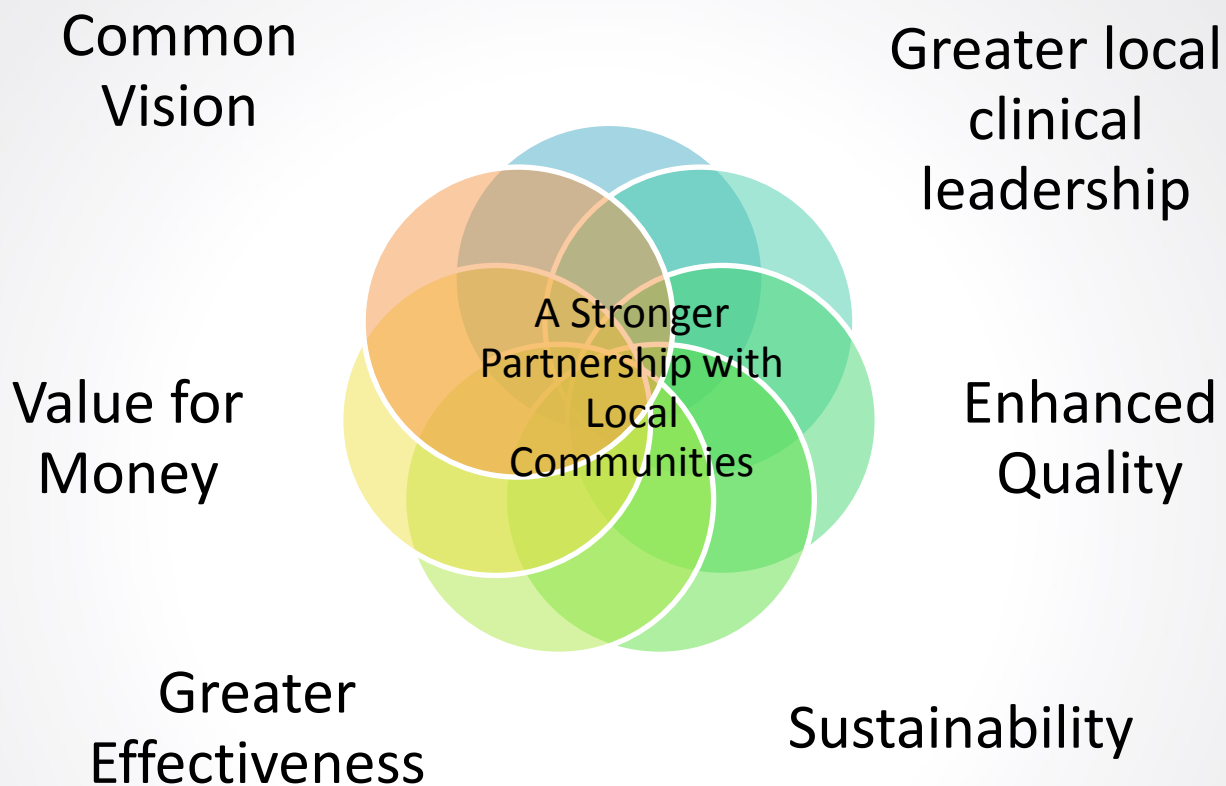


Partner Engagement





The Merged CCG will Deliver....





NHS

*Ashford, Canterbury and Coastal
Clinical Commissioning Group*

Thank You

