

Ashford Clinical Commissioning Group

Ashford Borough Council Overview and Scrutiny Committee

26th February 2013



Our Vital Signs



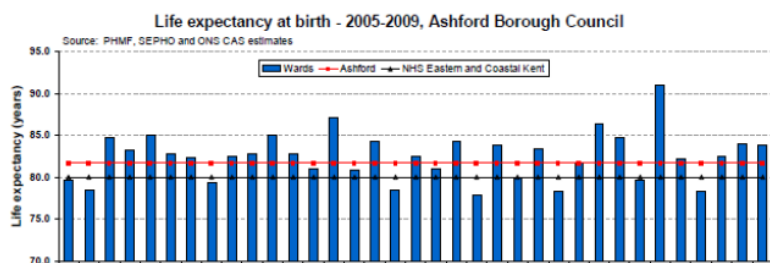
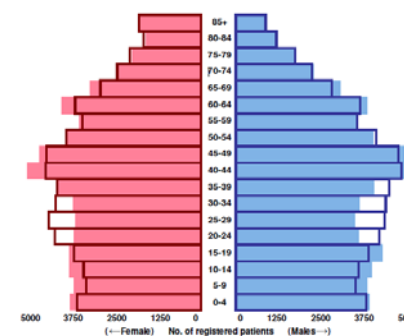
Ashford town set to double in size in next 25 years



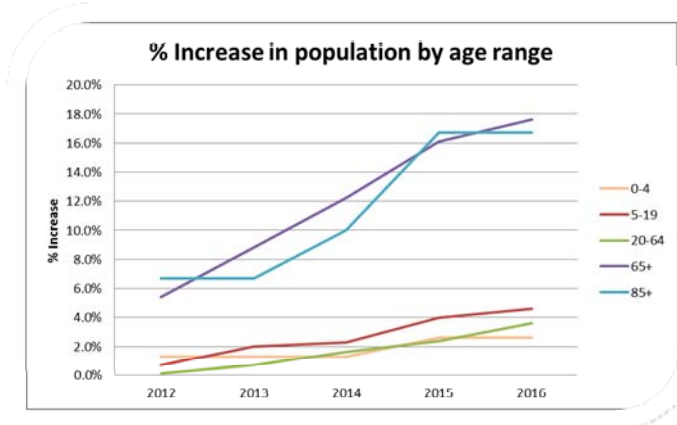
A familiar scene in Ashford: 4878 houses built since 2001

- Relatively Wealthy, Pockets of Deprivation

- Larger than average 0-19 and 40-69 populations:



Ashford has the highest life expectancy at birth in the eastern and coastal Kent area but the most variation by wards



Rise in all age groups over next five years. Largest % rise in the 65+ age groups (16.3%)

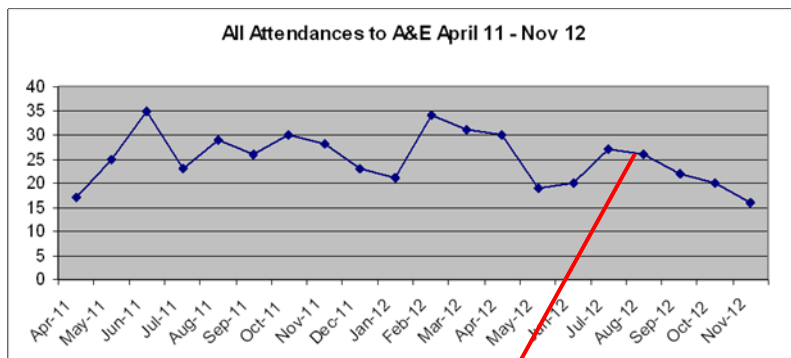
Our Strengths



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Some of our Achievements

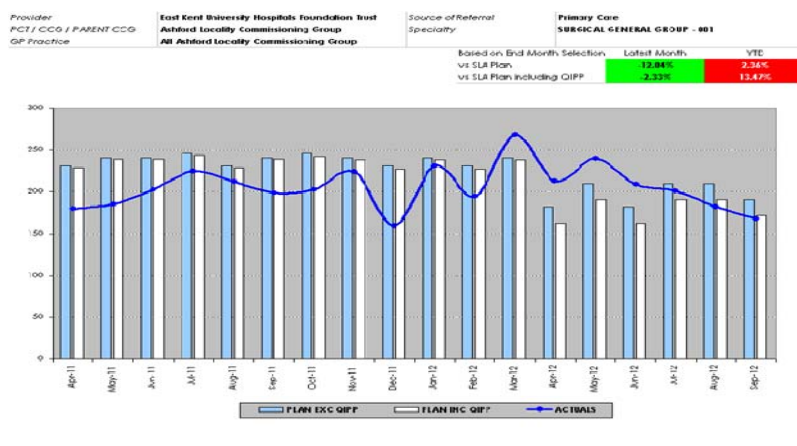
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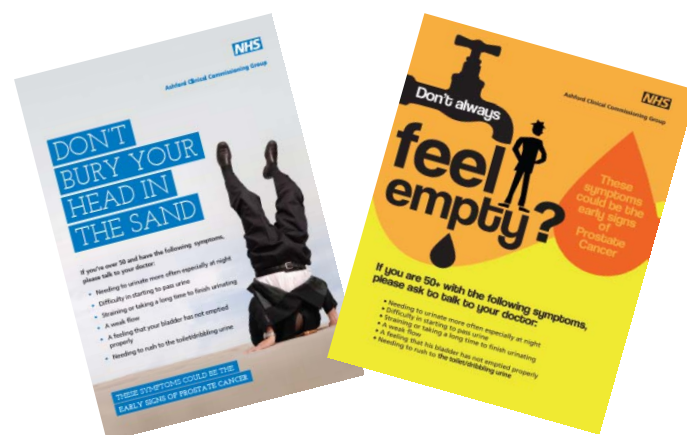
Introduction of community geriatrician teams

Community geriatrician:

- 2008 commissioning intention
- Commenced in May 2012, full implementation in September 2012.
- A total of £160k was invested
- Reduction of nearly 50% in attendances between 2011 and 2012
- Savings to date £460k with end of year forecast of £1.6 million



General Surgery Referral Management



Prostate Cancer Campaign

Current Healthcare Issues

In comparison with national and eastern and coastal Kent averages, Ashford performs consistently well in terms of mortality and major disease prevalence rates

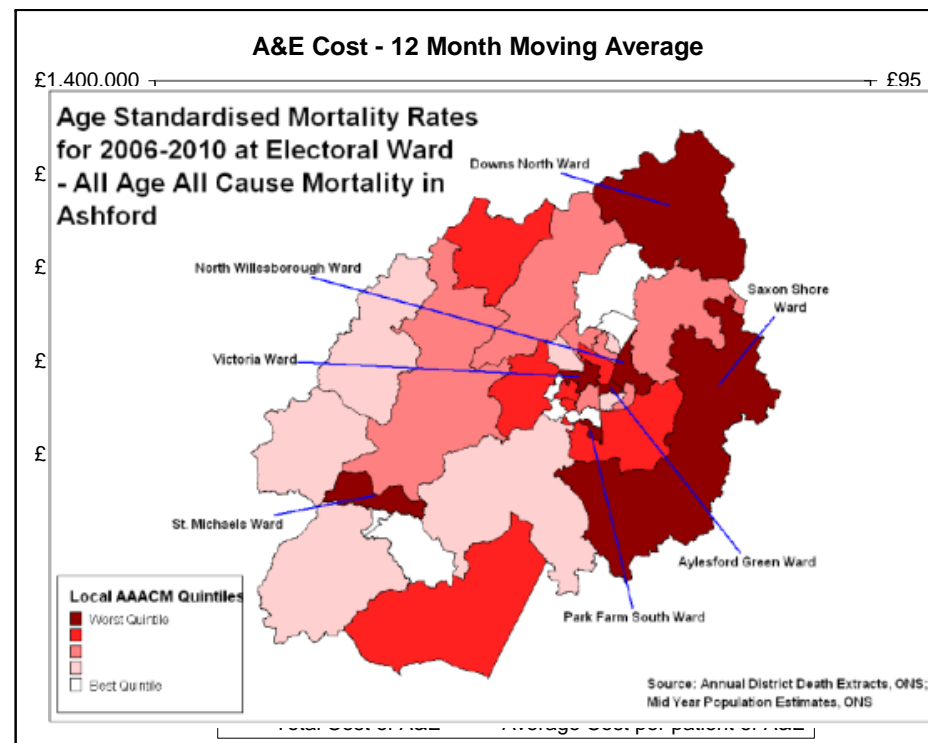
However:

1. Variation across our wards:

- Life expectancy
- Teenage conception rates
- Vaccination rates

2. Growth:

- Unscheduled care
- Prescribing
- GP Referrals



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Our Principal Risks



1. Increased demand for healthcare services especially for older people's services

2. Our QIPP Challenge:

12/13

£3.6M

September Recovery Plan of which £0.8M is secured

60% Achieved (100% CCG designed schemes) **To Date:**

Prescribing £0.2M
 Urgent Care: £1M
 Integrated Service Delivery: £0.3M

13/14

£5.1M

- Telehealth and Risk Stratification- £0.8m
- Urgent/Ambulatory Care: £550k
- Integrated Urgent Care: £1.5m-£3m over next 1-2 years
- Orthopaedics: £500k
- MSK £250k
- Unblocking community contracts: £500k
- Prescribing: £1-2m
- Referrals

Ashford CCG Net QIPP Challenge recognising the potential move to fair share

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Our Top 3 Clinical Priorities

1. Maintain health status of population

- Improve prevention and education
- Integrate services
- Manage growth particularly for older people's services e.g. dementia

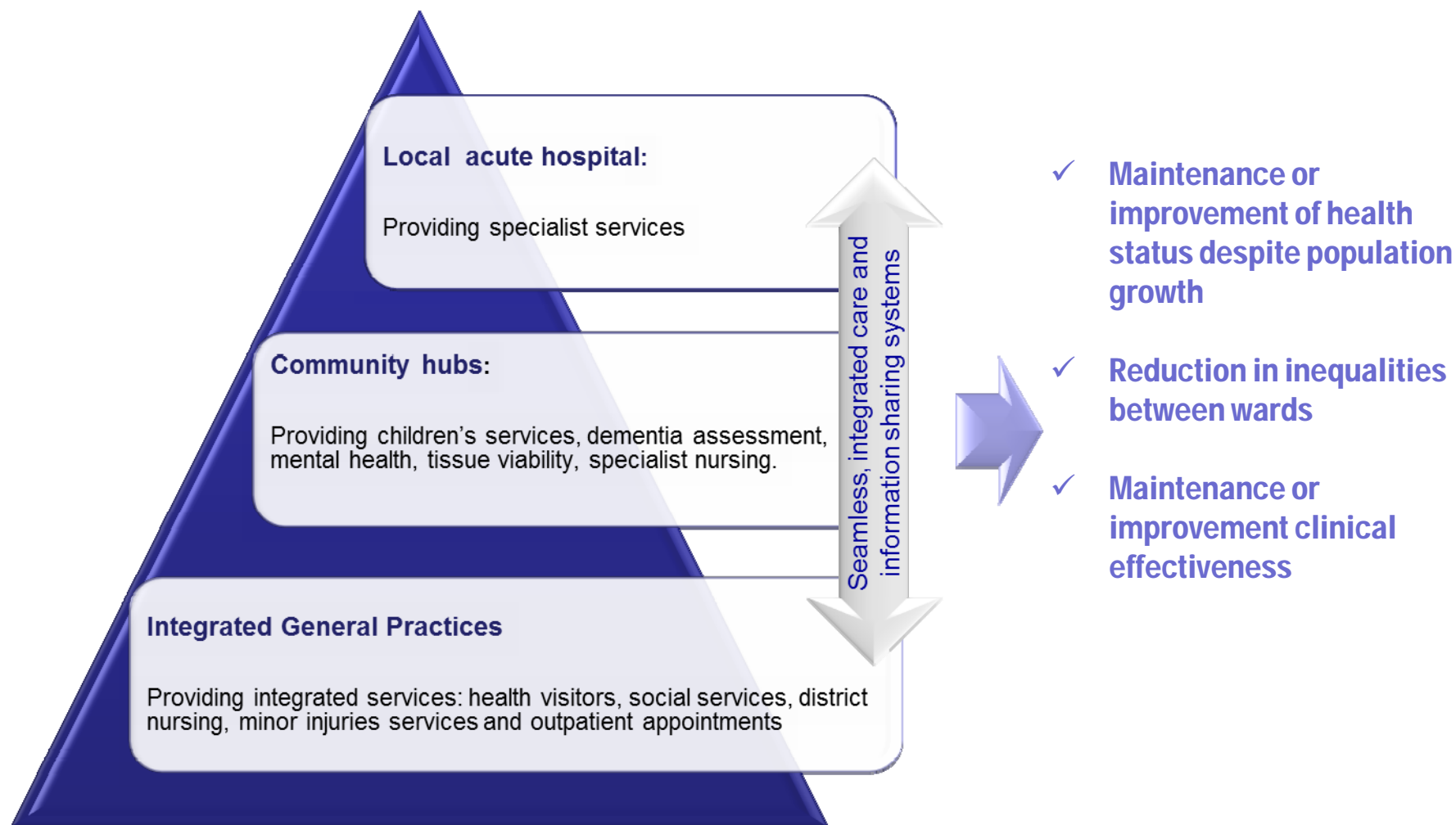
2. Reduce health inequalities across wards

- Prevention
- Health promotion:
 - Breast feeding
 - Obesity
 - Teenage pregnancy
- Local HWBB

3. Maintain clinical effectiveness

- Work with member practices
- Integrate services
- Maintain referral rates and prescribing spend

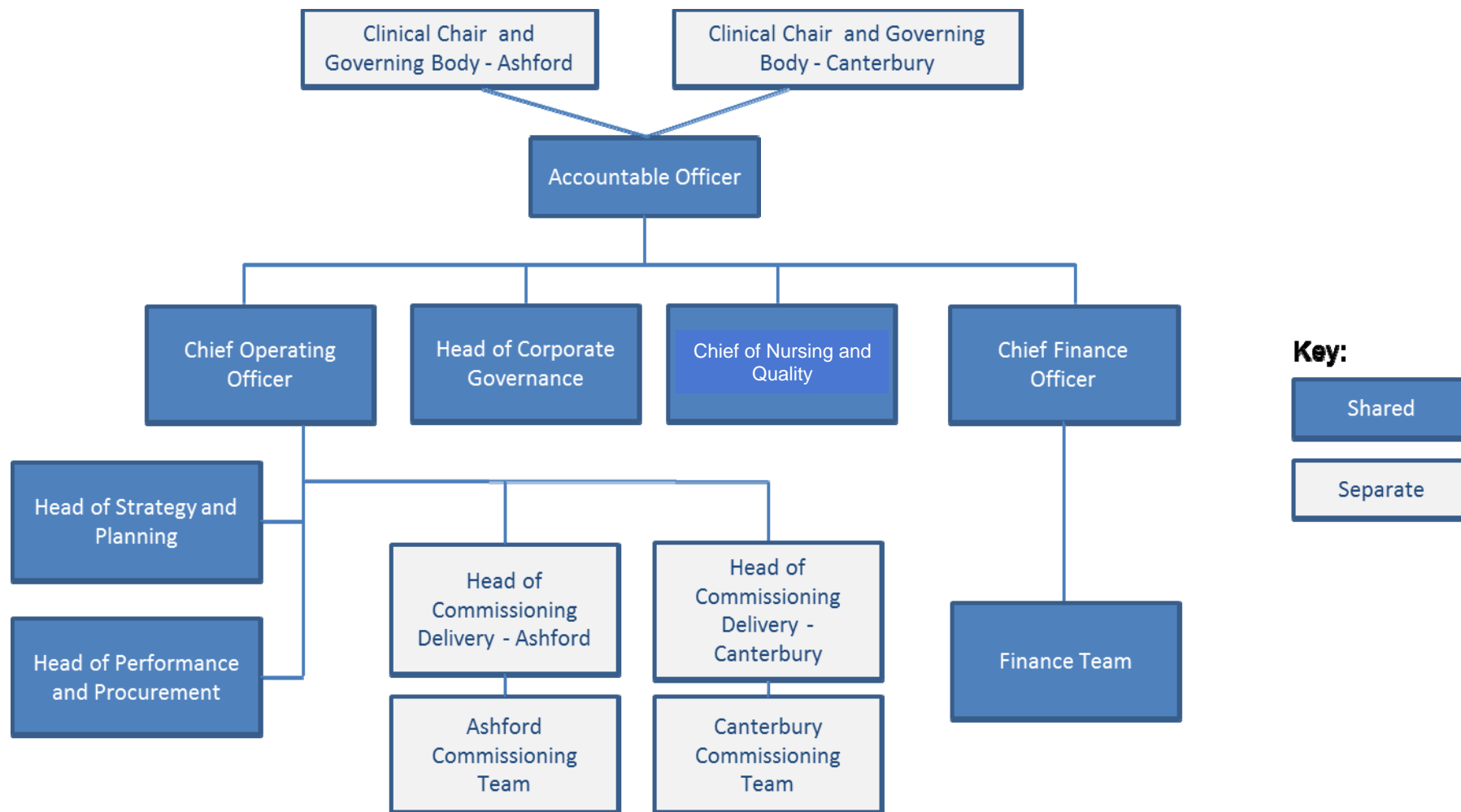
5 years time:



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Organisational Structure

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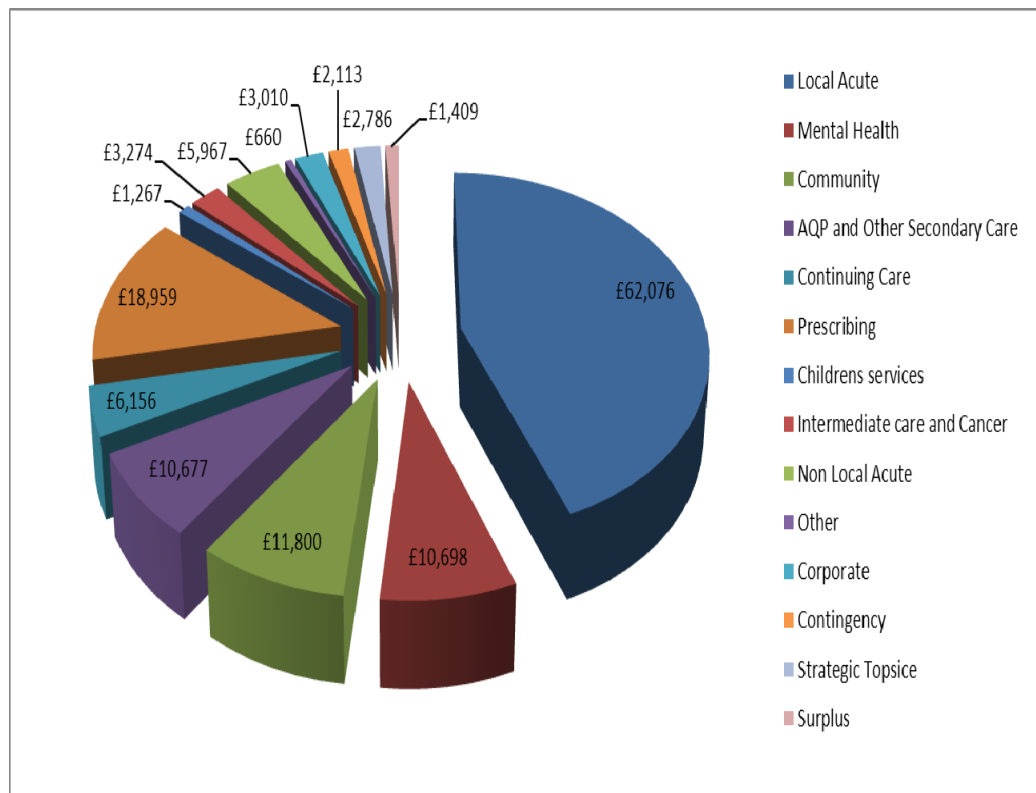
Key:

Shared

Separate

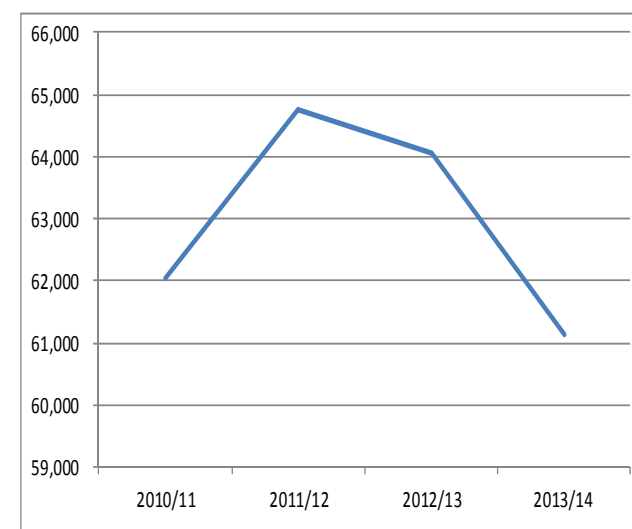
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Ashford CCG Budget 2013/14



43% of total spend with one provider (EKHUFT) which represents 80% of secondary care acute spend

Spend at EKHUFT

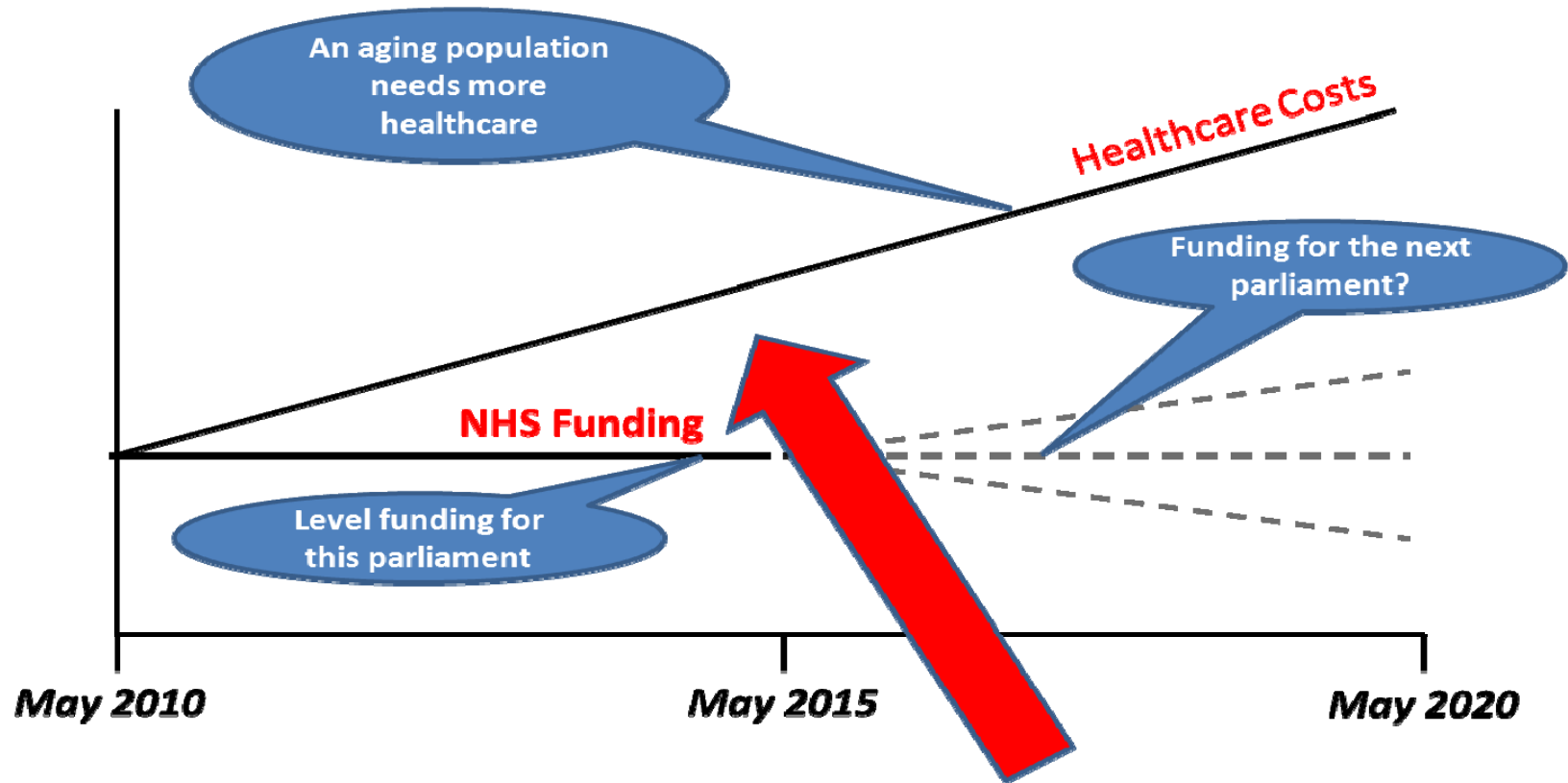


EKHFT Out turn (less NCB and PH spend estimate)

2010/11	2011/12	2012/13	2013/14
£'M	£'M	£'M	£'M
62,026	64,746	64,049	61,121

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Planning Assumptions



	May 2010	May 2015	May 2020
Healthcare Costs			
NHS Funding			
QIPP Challenge			
Potential CCG	£3.5m	£5.2m	£6.0m
QIPP Challenge	2012/13		2016/17
			£6.7m
			£7.5m

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Alignment with JHWS

<p>Every child has best start in life</p>	<ul style="list-style-type: none"> • 13/14 – immunisation programme • 14/15 – breastfeeding programme • 15/16 – improve links with children’s centres • 16/17 – adolescent support workers programme
<p>Individual responsibility for health and wellbeing</p>	<ul style="list-style-type: none"> • 13/14 – smoking during pregnancy campaign • 14/15 – annual school education programme • 15/16 – drinking and drug campaign – younger people • 16/17 – Symptom awareness programme
<p>Quality of life for people with LTCs</p>	<ul style="list-style-type: none"> • 13/14 – complete community geriatric project • 14/15 – home care support for LTC • 15/16 – patient and carer education programmes • 16/17 – Personal care plans
<p>Mental ill health supported</p>	<ul style="list-style-type: none"> • 13/14 – release existing funds for new services • 14/15 – early identification of suicide • 15/16 – programme to reduce social isolation • 16/17 – ensuring good physical health for mental health
<p>Dementia assessment and treatment</p>	<ul style="list-style-type: none"> • 13/14 – community based diagnosis • 14/15 – shared care protocols • 15/16 – dementia friendly facilities • 16/17 – integrated model of care

TO DO LIST

- *Deliver 13/14 commissioning plan, better reflecting local need.*
- *Secure provider performance for the long-term*
- *Establish a new approach to quality and safety*
- *Conversations with key providers*
- *Transform urgent care*
- *Plan for contract renewal*
- *Local Health and Wellbeing Board*
- *Fully engage with HealthWatch*
- *Complete recruitment and continue OD plan*

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Any questions?

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