

Progress report on the NHS Ashford and NHS Canterbury and Coastal CCG Community Care Review

June 2014

1. Introduction

In September 2013 NHS Ashford Clinical Commissioning Group (CCG) and NHS Canterbury and Coastal Commissioning Group initiated a project to review health and social care services provided within a community setting. The objective of the project was to improve how the two CCGs commissioned community-based services with the view to ensuring that these services were high quality, value for money and relevant to the current and future needs of patients and service users. The first phase of this project is now complete and the two CCGs would like to share the outcomes and conclusions of the project to date and ask for the HOSC's input to the intended direction of travel.

2. Background

NHS Ashford CCG and Canterbury and Coastal CCGs are committed to providing health services closer to people's homes. Following authorisation, the CCGs inherited a significant number of community-based contracts from the former Eastern and Coastal Primary Care Trust. These contracts cover a number of different services including (but not limited to) community nursing, rehabilitation, physiotherapy, mental health and children's services. To ensure that these services are high quality, value for money and fit for the changing health needs the CCGs initiated a review of a cross-section of these services. This review was carried out in the broader context of tighter healthcare budgets and an ageing population.

3. The Project Scope and Approach

To make the project manageable the scope of the project covered all community based services excluding mental health and children's services. However members of the project team were briefed to ensure that the principles established through the review would be applicable to all community-based services. A dual approach was established for the project looking at:

1. Actions which could be taken tactically to remove duplication of payments (without directly affecting services)
2. Strategic options for improving the commissioning of community-based services.

Five workstreams were established to organise the project effectively:

1. Contracting and Procurement
2. Customer and Market Analysis
3. Finance and Information
4. Patient and Public Engagement
5. Quality and Safety

The project reported into the CCGs' governing bodies and member practices. Kent County Council Social Services were involved throughout the project through regular engagement and a

joint transformation board. Engagement with patients was carried out through a specially commissioned survey and the CCGs' patient participation groups. Voluntary organisations were also consulted as the project progressed.

4. The Findings

The findings of the review were presented incrementally to the governing bodies and member practices to ensure that progress and momentum was maintained. The principle findings are displayed in the table below:

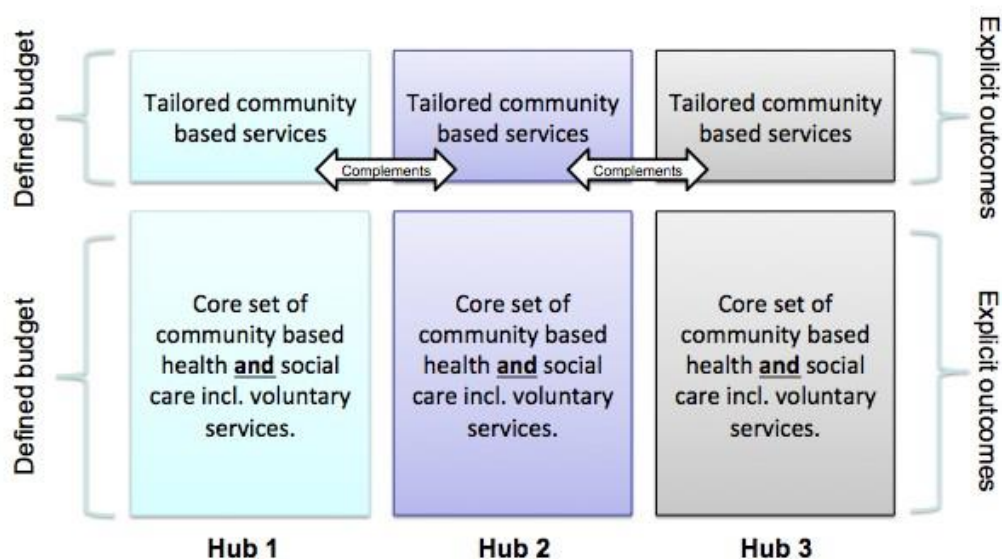
Workstream	Observations
1. Contracting and Procurement	<ul style="list-style-type: none"> • Large number of contracts • Impacts not defined or measured well • Can inhibit collaboration
2. Customer and Market Analysis	<ul style="list-style-type: none"> • Significant proportion of spend on treatment • Duplication of service across health and social care • The “well” consume a high proportion of community services
3 Finance and Information	<ul style="list-style-type: none"> • Investments not driven enough by value for money • Insufficient information on performance of services • More community spend does not necessarily mean better outcomes or patient experience
4. Patient and Public Engagement (from survey)	<ul style="list-style-type: none"> • GP seen as key but primary care access seen as an issue • Communication an issue • Care planning not widely understood or recognised
5. Quality and Safety	<ul style="list-style-type: none"> • Quality generally good • Specific areas of improvement • Quality and safety can be affected by lack of health and social care collaboration

5. A new approach

Given the findings of the review the CCG drafted a set of principles on which to move forward. These principles will underpin all commissioning of community-based services in the future shown in the diagram below.



The project team has also drafted a framework for commissioning community-based services, looking to ensure that health, social care and voluntary services are based around individuals and the communities in which they live and work. The framework has been termed **Community Hubs** and will be based around our clustering of GP practices and the local communities which they serve. The basic premise is that the CCGs will commission an integrated suite of health, social and voluntary from local providers within a defined budget but with more service-user centric outcomes. Selection and design of these services will be carried out in partnership with local patients, services users, provider and partner organisations. Consequently the services will be based on the needs of our local population. The Community Hub concept is outlined in the diagram below.



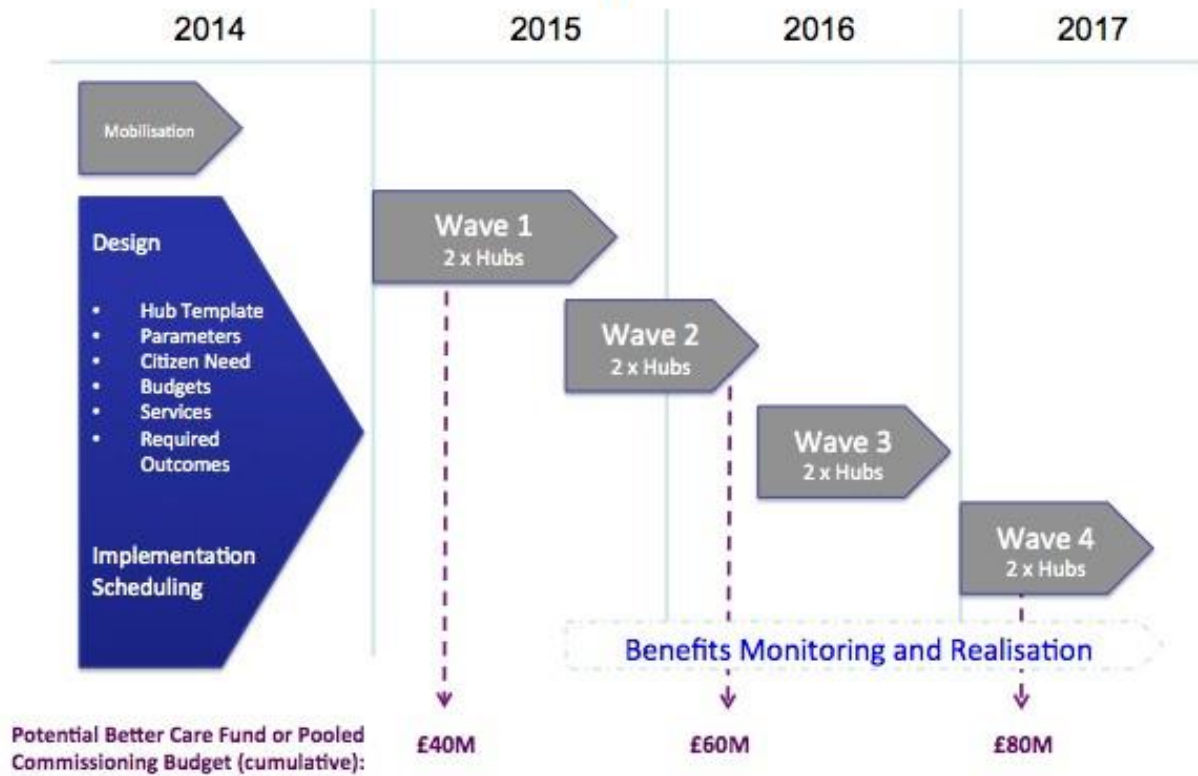


Lastly, the CCGs have developed a “value for money” approach whereby we will work collaboratively with our providers over the next year to establish the value received by our patients for those community-based services where the outcomes are not clear or measured. This approach will allow the CCGs to recommission on the basis of information received back from our providers.

6. Next steps

The Community Hub concept has, thus far, been received well by our partners, providers and patients. The intention is for the project to move from the exploratory and high-level design phase into detailed design and implementation work. A joint appointment of a manager has been made by the CCGs and Kent County Council to lead this work. The current implementation plan and the link between this work and the Better Care Fund is shown in the diagram below:

Indicative Hub Implementation Plan



7. Input from HOSC required

The Kent HOSC is asked for its view on the progress to date to help inform the detailed design and implementation phase of the project.

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June 2014