

Kent Health Overview and Scrutiny Committee (HOSC) Briefing: Annual assessment 2017/18 of Kent CCGs

November 2018

1. Introduction

The CCG annual assessment for 2017/18, carried out by NHS England (NHSE), provides each CCG with a headline assessment against the indicators in the CCG improvement and assessment framework (CCG IAF). The IAF aligns key objectives and priorities as part of delivering the Five Year Forward View.

The CCG IAF comprises 51 indicators selected to track and assess variation across policy areas covering performance, delivery, outcomes, finance and leadership.

CCGs are rated in one of four categories: 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.

Each CCG receives a letter detailing the assessment by NHSE and confirming the annual assessment, as well as a summary of any areas of strength and where improvement is needed from a year-end review.

The 2017/18 annual assessments were published on the CCG Improvement and Assessment page of the NHS England website in July 2018. At the same time, they were published on the [MyNHS](#) section of the NHS Choices website.

2. Kent CCG ratings

The headline rating for each of the CCGs is as follows.

CCG	Headline rating
NHS Ashford CCG	Inadequate
NHS Canterbury and Coastal CCG	Inadequate
NHS Dartford, Gravesham and Swanley CCG	Requires improvement
NHS South Kent Coast CCG	Inadequate
NHS Swale CCG	Requires improvement
NHS Thanet CCG	Requires improvement
NHS West Kent CCG	Good

As an automatic result of being rated inadequate, NHS Ashford, NHS Canterbury and Coastal, and NHS South Kent Coast CCGs were placed in Special Measures. NHS Thanet CCG was rated 'requires improvement' but was placed in special measures with its neighbours because it shares the same challenges and this ensures the whole system can move ahead together.

All CCGs have improvement plans in place.

The four east Kent CCGs briefed HOSC members on their improvement plans and progress in [September 2018](#).

A summary of key actions for all of the Kent CCGs is included in Appendix 1.



Appendix 1 - Summary of key actions in CCG improvement plans for Kent CCGs.

CCG	Key actions	Current status
<p>East Kent CCGs (NHS Ashford, NHS Canterbury and Coastal, NHS South Kent Coast and NHS Thanet CCGs)</p>	<p>Implement the actions outlined in the Governance, Capability and Capacity review</p>	<p>Following our 2017/18 annual assessment by NHS England, the four east Kent CCGs were placed in special measures. The key reasons for this are: the financial position of the CCGs, issues with the quality of services they commission, the need for more effective east Kent-wide working to resolve these challenges.</p> <p>We see this as an opportunity to develop a shared approach to the challenges we face, both as CCGs and with our partners, and to transform the way we look after frail older people and people with complex health and care needs.</p> <p>We have already created a shared management team across the CCGs, developed a shared financial recovery plan, and continuing to strengthen and streamline the way we work.</p> <p>We commissioned a Governance, Capability and Capacity review. As a result of this review, the CCGs established a Joint Executive Team with east Kent-wide portfolios (now appointed to), and brought its main committee meetings together to meet jointly or as committees in common. The CCGs have continued to implement the actions to improve governance arrangements as per the timescales recommended in the report. We are confident that through this improved executive oversight we will be able to affect the quality improvements required to deliver the NHS Constitutional Standards in addition to improving the delivery of quality, innovation, productivity and prevention (QIPP).</p>

	<p>Prioritise the submission of the Pre Consultation Business Case (PCBC) and accelerate our tier two local care programme.</p>	<p>The CCGs' major priority, because of the clinical quality, financial and system impact it will have, is to transform the way we look after frail older people and people with complex health and care needs. This priority is shared with all system partners. We have established an East Kent Programme Management Office (PMO), appointed a PMO Director and during October and November we have been holding a series of public events to discuss potential options for changing hospital and local care services in east Kent. For those that are not able to attend, there is a survey available on the website - www.kentandmedway.nhs.uk/eastkent</p> <p>There will be a full public consultation on the proposals in future, during which we will be running more public events in other locations across east Kent alongside further activities to collect as wide a range of views as possible.</p> <p>A detailed Local Care Delivery Plan for each locality has been developed and agreed that identifies the following priority areas:</p> <ul style="list-style-type: none">• Frailty/ At Risk• GP at Scale• Pathway redesign – unplanned care• Prevention <p>The assessment identified that all four CCGs had made good progress in</p>
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	<p>Engage NHS England in the recruitment of a Director of Nursing on a more permanent basis.</p> <p>Review the Expert Determination process, including but not exclusive to advice sought, how this advice was used and reporting to Governing Body members</p> <p>Accelerate the delivery of the digital strategy including the range of universal capabilities that will support primary care transformation including e-referrals through hubs or shared back office and develop further patient engagement in using digital systems.</p> <p>Create a strategy for developing relationships with East Kent Hospitals University NHS Foundation Trust as the leadership changes to support and encourage a system approach</p>	<p>engaging all practices in local care and the hub models</p> <p>There had been two interim appointments to the position of Chief Nurse; with effect from September 2018, this is now substantially appointed to.</p> <p>The CCGs commissioned their internal auditors to review the Expert Determination process. A lead Executive Director of Contracts has been appointed to oversee the contract management regime. A development programme for Governing Body members has been established, and the financial reporting providing to the Governing Bodies has been reviewed and approved.</p> <p>East Kent element of digital work stream added to STP digital prioritisation funding framework and submission made to NHS England in September 18. GP Clinical Leads are now attending both local and STP meetings.</p> <p>The Local Digital Roadmap is being refreshed and will be complete by December 2018. Key areas include: 1) a single clinical system for east Kent; 2) Full implementation of the Medical Interoperability Gateway (MIG); 3) Embedding mobile and virtual Multidisciplinary Team (MDT) technologies' 4) Refreshed digital platform for website</p> <p>We are supporting practices to implement e-referrals, and are piloting new functionality with NHS Digital to allow referrals from hubs across a locality to the EKHUFT.</p> <p>We have established regular meetings between the EKHUFT Chief Executive Officer and the east Kent CCGs' Managing Director. A Joint improvement plan for east Kent has been submitted to NHS England and NHS Improvement. We have established a Clinical Reference Group with</p>
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	<p>to resolving problems and to support cultural change</p> <p>4 hour Accident and Emergency Constitutional Target</p>	<p>representation from our main providers and will be commencing Board to Board meetings during Quarter 3.</p> <p>The East Kent Integrated Improvement Plan identifies four key actions to strengthen performance in urgent care:</p> <ul style="list-style-type: none"> • Improved demand management through availability of local care • Targeted programme to expedite discharges for frail and elderly cohorts • Internal process improvements within the East Kent Hospitals University NHS Foundation Trust including rebalancing capacity across its three sites • Resetting system capacity imbalance across all parts of the care pathway. <p>2018/19 began with a five month continuous improvement trend in this target, which is the longest continuous period of improvement to date. However, the past three months have shown deterioration</p> <p>Implementation of the system's winter plan within the governance of the Accident and Emergency Delivery Board will be pivotal to regaining an improving position to meet the target's trajectory. Overall, effective flow within the system is the key goal. An impact assessment of the key interventions supporting flow has been conducted and high level system metrics agreed, which are monitored weekly.</p> <p>The interventions planned to have greatest impact include :</p> <ul style="list-style-type: none"> • Introduction of observations wards within Accident and Emergency Departments • Redesign of integrated discharge service to provide a focus on front and back 'doors'
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	Referral to Treatment times (RTT)	<p>The number of patients waiting more than 52 weeks has dropped from 228 in May to 149 in September. Performance against the 18 week standard has dropped in recent months but remains better than in March 2018.</p> <p>The four east Kent CCGs are working with East Kent Hospitals University Foundation Trust continue to progress its RTT recovery by reviewing its waiting lists, increasing clinical capacity and developing a sustainable workforce to manage the demand. The performance of the Trust was impacted by the roll-out of a new PAS system which, whilst successful, has impacted on waiting times and on the reporting of waiting times data. The four East Kent CCGs also continue to work with providers to identify capacity to ensure that the elective care programme required to support the RTT standard can be delivered. This has included consideration of increasing the use of the Independent Sector beyond the level planned at the start of the year.</p> <p>The four east Kent CCGs have developed practice dashboards to help GP practices address variation in referral. All GP practices are now fully utilising ERS to make referrals. Each of the CCGs also has a triage service for trauma and orthopaedics referrals to ensure that they managed within the community where it is appropriate to do so. Referral and treatment criteria have been reviewed and scrutiny around the application of these criteria has been tightened.</p> <p>The four east Kent CCGs have identified opportunities within the Rightcare tools to further reduce pressure on the planned care pathways and a number of projects have been identified within the East Kent transformation programme. These will support the</p>
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		<p>reduction of referrals and the increased use of community based services to treat patients.</p>
<p>NHS West Kent CCG</p>	<p>Work with providers to improve performance on constitutional standards, in particular on Referral to Treatment times (RTT), demand management and the delivery of elective care and the cancer standards.</p>	<p>NHS West Kent CCG (NHS WKCCG) has an assurance process in place to regularly monitor performance against the statutory standards through the Governing Body which meets on a monthly basis, receiving, reviewing and discussing the Internal Performance Report (IPR), which includes the Referral to Treatment times (RTT), demand management and the delivery of elective care and the cancer standards.</p> <p>The performance against the RTT standard for the year remains significantly below the constitutional standard of 92 per cent. However, it has shown an improvement compared to the performance in the Quarter 1 of this financial year.</p> <p>Maidstone and Tunbridge Wells NHS Trust (MTW) continue to progress its RTT recovery plan by reviewing its waiting lists, increasing clinical capacity and developing a sustainable workforce to manage the demand. MTW is also increasing the management and operational capacity by recruiting to substantive posts for Theatre Utilisation Manager and Outpatient Operational Transformation Manager.</p> <p>NHS WKCCG continues to work with MTW to manage waiting lists effectively through a Transforming Outpatient work stream which has seen the introduction of a number of one stop clinics and an increase in non-face to face follow up clinics to improve the use of clinical capacity, with a greater number of telephone clinics, nurse led clinics and virtual clinics. In addition WKCCG has been working with Business Intelligence partners to identify opportunities for further improvement using tools such as NHS Improvement’s Model Hospital and Right Care. The CCG will also continue to promote and develop the demand management schemes it has in place, effectively directing some activity to primary care</p>

		<p>services including GPs with special interests or extended skills.</p> <p>NHS WKCCG has adopted a proactive approach to working with GPs to address variation in referral, practice packs are utilised to identify where undue variation exists and practices are visited by commissioners to discuss performance and understanding of referrals patterns. All GP practices are now fully utilising ERS as the front door to referrals and KINESIS for advice and guidance.</p> <p>Performance against the 62 Day Cancer Treatment standard in August 2018 shows an improvement since April 2018, but still remains significantly below the national target. The 2-week cancer waits show deterioration in August 2018 compared to previous months in this financial year. Achieving a sustainable level of improvement is clearly a key aim of the system.</p> <p>The Trust is progressing with its Cancer Services immediate action plans. MTW has continued to increase clinic and diagnostics capacity to reduce the number of people waiting and has also commenced out-sourcing MRI scans for prostate cancer and CT scans for other cancers. Additionally, system-wide agreement has been reached on further investment in the service. The CCG's cancer leads continue to monitor progress and develop joint plans with Trust cancer leads on a regular basis driven forward by the Executive Aligned Incentive Contract Group, and overseen by the CCG Performance & Finance Committee.</p>
<p>NHS Dartford, Gravesham and Swanley CCG</p>	<p>Continue to make changes and improvements to ensure our assurance ratings improve year on year</p>	<ul style="list-style-type: none"> • In September 2017 the CCG was formally placed into special measures and under directions by NHS England. This was primarily due to the financial position of the organisation during the year and concerns with leadership capacity.

	<p>Work with service providers, GP members and our partners to deliver future financial sustainability.</p> <p>Continue to work with our service providers to achieve key performance standards as set by the NHS Constitution</p>	<p>The CCG redoubled its efforts to improve the financial position and strengthen the leadership team with a new Chief Operating Officer and a Turnaround Director.</p> <p>As a result, the CCG reduced its deficit in 2017/18 from £13.5million the previous year to £9.1 million. We achieved this through QIPP schemes, efficiencies, and better management of contracts. As a result of the hard work and effort by all our staff the CCG was taken out of Special Measures and Directions on 1 April 2018. This is to be celebrated.</p> <p>We continue to work hard to reduce this deficit with a view of reaching long term financial balance. Strong financial leadership is key to improving this.</p> <ul style="list-style-type: none"> • The CCG has had some changes in leadership as part of the wider Kent and Medway STP programme, and is keen to continue to drive improvements through. • The local acute provider is achieving the majority of NHS Constitution targets. • A&E remains a significant challenge although we are seeing improvements in delivery. We are working closely with our local provider to create an Urgent Treatment Centre to relieve pressure on A&E and have put A&E streaming in place to redirect some patients to GPs or emergency nurse practitioners. • We have recently implemented improved access across all primary care services which offers additional GP appointments to local people during the week and at weekends
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	<p>To develop long term sustainable and integrated local care services, working with our GPs through the DGS Federation, our local acute provider and community services.</p>	<ul style="list-style-type: none"> • We have a cancer plan which includes focusing on cancer education through GPs' protected learning time. Our Strategic Cancer Lead will drive this work and we have put new work plans in place to improve suspected cancer referrals and give GPs direct access to specific diagnostic tests. • Targeted assessments in nursing homes is being undertaken to improve dementia diagnosis rates. We are putting in a revised referral pathway for post diagnostic support and establishing effective care plans following diagnosis. Improvements in communication between GPs and providers will also enable better support. • We are working closely with providers to improve mental health services and to achieve our recovery rate targets. • The CCG was recognised as the first in the country to achieve 100 per cent participation in the National Diabetes Audit. This has given us a clearer picture of the achievement of treatment targets. The IAF rating for the CCG has improved and should be celebrated. However, further improvements are being planned, particularly around attendance at structured diabetes education. • The creation of a GP Federation is continuing to help us develop our patient care pathways. By actively involving local doctors in shaping healthcare, we are developing joint plans for closer partnership, potentially through a primary and acute care model. <p>We have recently approved investment cases to create effective multi-disciplinary teams to provide wrap around care, support for the elderly frail and people with co-morbidities, and working closely with GPs to identify people who can benefit from this approach.</p>
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		<p>We are also implementing enhanced rapid response services and additional home visiting teams across the CCG. This is a major programme of work that is expected to transform local care services and strengthen clinical and professional workforce across health and care services. We plan for these services to be fully implemented during the autumn and winter of this year.</p> <ul style="list-style-type: none"> • We are continuing to roll out our repeat prescribing service Prescriptions Ordering Direct (POD). This enables patients to order their repeat prescription via telephone, without having to leave their homes. Considerable savings have been made in medicine spend in the past year and we plan to continue this work. • We are working with colleagues in Public Health to improve maternity services with a particular focus on smoking in pregnancy and breastfeeding. We also have a plan which aligns with the Better Births agenda.
<p>NHS Swale CCG</p>	<ul style="list-style-type: none"> • Continue to work with our service providers to achieve key performance standards as set by the NHS Constitution. • Work with service providers, GP members and our partners to deliver future financial sustainability. 	<ul style="list-style-type: none"> • At the time of reporting the local acute provider is achieving some NHS Constitution targets and trajectories agreed with NHS England. However, A&E and some cancer and elective services remain a challenge. • We are working with service providers, GP members and our partners to deliver long term financial sustainability. The CCG finished 2017/18 with a deficit of £3million and is currently forecasting breakeven for the current year. However, there remain considerable risks to achieving this and we are working extremely hard to mitigate these.

		<ul style="list-style-type: none">• We continue to work with local GPs in supporting the development of our patient care pathways through our Clinical Strategy Committee and the Swale GP Federation. We are also developing plans to continue towards closer partnership working between our primary care colleagues and other providers. These plans focus on improving join-up of healthcare and maximising the financial benefits that accompany integration and improvements in quality. <p>We have recently approved investment cases to create effective multi-disciplinary teams to provide wrap around care, support for the elderly frail and people with co-morbidities, and working closely with GPs to identify people who can benefit from this approach.</p> <p>We are also implementing enhanced rapid response services and additional home visiting teams across the CCG. This is a major programme of work that is expected to transform local care services and strengthen clinical and professional workforce across health and care services. We plan for these services to be fully implemented during the autumn and winter of this year.</p> <ul style="list-style-type: none">• The creation of a GP Federation is continuing to help us develop our patient care pathways. By actively involving local doctors in shaping healthcare, we are developing joint plans for closer partnership, potentially through a primary and acute care model.• Tackling diabetes is one of our key priorities and last year we were rated outstanding by NHSE. This is a testament to the hard work of our GP member practices, our other partners in health such as primary care nurses and our commissioning team. We were considered as ‘top performing’ under the previous rating scheme and have now sustained this – the only CCG in the south of England.
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