KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 16 March 2016.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Ms H Carpenter, Mr P B Carter, CBE, Dr D Cocker, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Mr S Perks, Cllr K Pugh, Mr A Scott-Clark and Cllr L Weatherly

IN ATTENDANCE: Mr M Sage (Finance Manager (Frontline Services)), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

202. Chairman's Welcome
(Item 1)

The Chairman said that Dr M Jones and Dr D Cocker were stepping down as clinical chairmen of the Canterbury and Coastal CCG and the South Kent Coast CCG respectively. He thanked them for their contribution to the work of the Kent Health and Wellbeing Board. He also said Dr Jones would be replaced by Dr S Phillips and that a decision on Dr Cocker's successor was awaited.

203. Apologies and Substitutes
(Item 2)

Apologies for absence were received from Dr F Armstrong, Dr B Bowes, Dr M Jones, Dr N Kumta, Dr T Martin, Mr P Oakford, Dr R Stewart, Cllr P Watkins and Cllr Mrs L Weatherly.

204. Declarations of Interest by Members in items on the agenda for this meeting
(Item 3)

There were no declarations of interest.

205. Minutes of the Meeting held on 27 January 2016
(Item 4)

Resolved that the minutes of the meeting held on 27 January 2016 are correctly recorded and that they be signed by the Chairman.

206. A - Commissioning, Operational and Transformation Plans
(Item 5)

(1) Mr Ayres gave a presentation about West Kent plans for 2016/17 and beyond. A copy of the presentation is available online as Appendix I to these minutes.

(2) In response to a question about repatriation of services from London, he said there was a need to take a Kent and Medway level view and to work with partner organisations to develop a shared agenda that would make a meaningful contribution to minimising any deficit.

(3) Ms Carpenter and Mr Perks gave a presentation about the East Kent plans for 2016/17 and beyond. A copy of the presentation is available online as Appendix 2 to these minutes.

(4) In response to questions, Mr Perks said that financial challenges for 2016/17 were similar to those of 2015/16 and that the allocation was sufficient to enable the required services to be delivered. Ms Carpenter said that the financial challenges facing East Kent were not easy and it was essential to avoid agreeing any contracts that could not be afforded. Ms Carpenter also said that issues relating to commissioning maternity services were about quality and meeting the expectations of patients rather than the re-design of service delivery.

(5) Ms Davies gave presentations about Swale and Dartford, Gravesham and Swanley plans for 2016/17 and beyond which are available on-line as Appendix 3 and Appendix 4 of these minutes.

(6) In response to a question, she said that the gap in funding for the QIPP in Dartford, Gravesham and Swanley had widened. She also said that there some efficiencies that could be made but the challenge of closing the gap should not be under-estimated.

(7) In response to a suggestion that the gap in funding in Dartford, Gravesham and Swanley was the largest in the country it was confirmed that Guildford and Waverley CCG had the biggest gap.

(8) The emphasis on children, learning disability and mental health in all the plans was welcomed.

(9) During the discussion it was generally accepted there would be less money going forward however it was too early to quantify the precise impact on primary care. In the short term work was underway to realise efficiencies including: acting on the findings of an audit conducted by the Canterbury Vanguard carried out in conjunction with the community trust that had identified potential efficiencies; reducing some of the pressures in primary care to increase its attractiveness as a place to work and thereby retain staff who had the option of retiring; and trialling different ways of working.

(10) In the longer term, in order to deliver the STP's, it was necessary to bring together learning from new ways working being trialled such as paramedic practitioners working in the community, pharmacists working in general practice and various approaches to apprenticeships as well as identifying the appropriate skills mix and working with universities and other education providers to produce people with the right skills.

(11) It was also suggested that similar issues applied to social care services, particularly, in relation to the redesign of jobs and the need to make them attractive in both the public and independent sectors across Kent.

(12) Resolved that the presentations outlining the extent to which plans for 2016/17 and beyond reflected the Joint Health and Wellbeing Strategy, their contribution to the wider transformation agenda and the extent to which they assist integration and the "nine must do's" be noted.

207. B - Better Care Fund 2016/17
(Item 5a)

(1) Anne Tidmarsh (Director, Older People and Physical Disability) introduced the report which provided an update on the Better Care Fund 2016/17 in relation to policy and planning requirements, financial allocations, and the assurance and approval process.

(2) In response to a question, she said the reasons for the increase in the Social Care Capital Grant from £7.2 million to £14 million were not known, however, there was opportunity in conjunction with district and borough councils to re-consider how services were delivered.

(3) It was also suggested that it would be worth looking at the totality of spending on care and to move to full integration especially in relation to adult care.

(4) Resolved that:

(a) Progress on developing the Kent Better Care Fund Plan 2016/17 be noted;

(b) The sign off process would include Mr Gough (Chairman of the Health and Wellbeing Board), the Social Care and Wellbeing Directorate Management team and the CCG Accountable Officers' Group and that partners would ensure that their elements of the plan went through the respective internal sign off process.

208. Joint Strategic Needs Assessment
(Item 6)

(1) Mr Scott-Clark introduced the report which presented the outcomes from the Kent JSNA workshop held in September 2016 which had been used to assist with the development of a range of actions and a vision for the future.

(2) Resolved that:

(a) The report be noted;

(b) The actions set out in Section 3 of the report, designed to improve the JSNA development process, be approved;

(c) The future direction of the Kent JSNA, as set out in Section 4 of the report, be agreed.

209. Kent Health and Wellbeing Board Work Programme
(Item 7)

Resolved that the Forward Work Programme be approved subject to confirmation of the date for the Obesity Review.

210. Minutes of the Local Health and Wellbeing Boards
(Item 8)

Resolved that the minutes of the local health and wellbeing boards be notes as follows:

Ashford – 20 January 2016
Canterbury and Coastal – 19 January 2016
Dartford, Gravesham and Swanley – 24 February 2016
South Kent Coast – 24 November 2015
Thanet – 21 January 2016
West Kent – 16 February 2016.

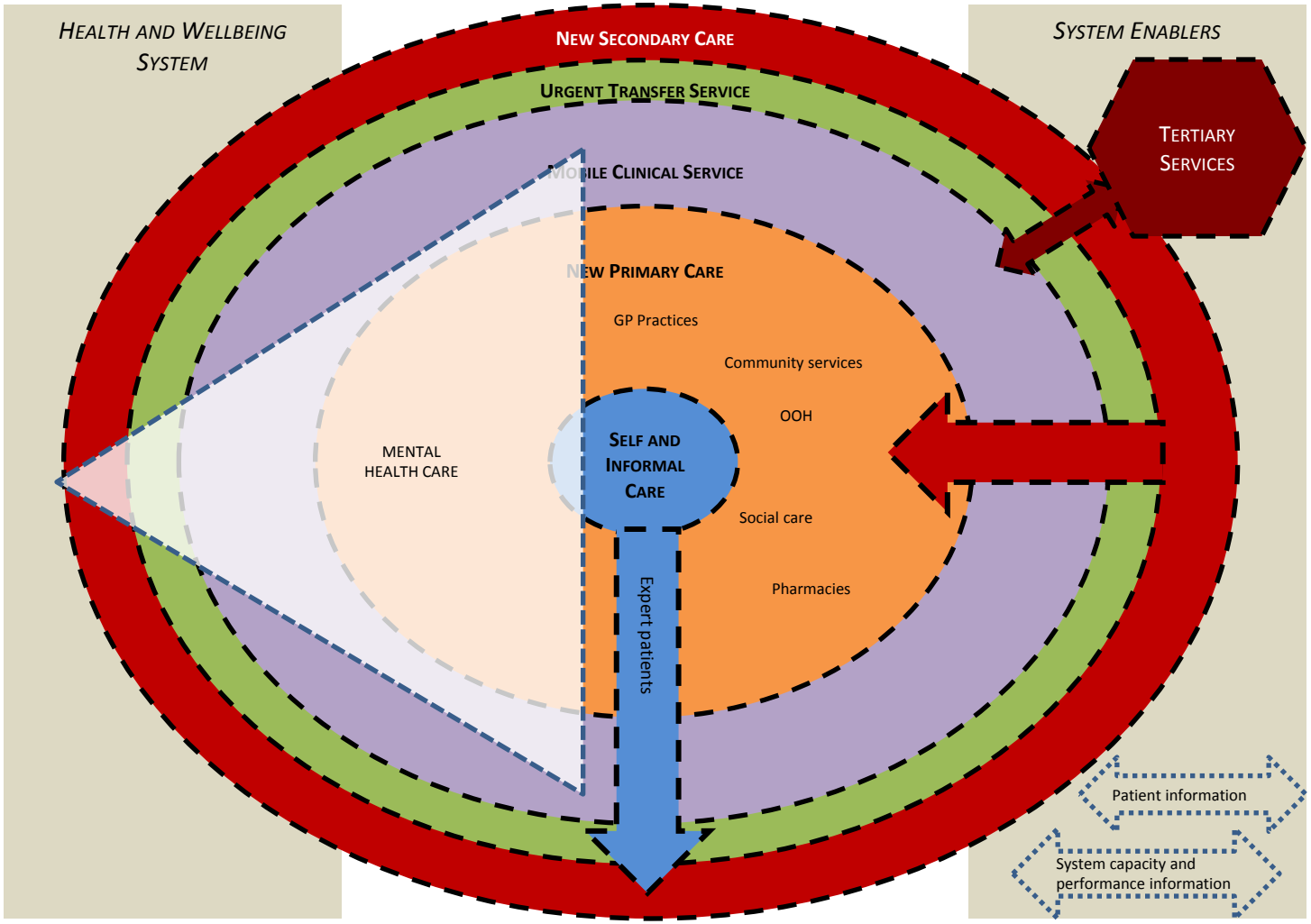
211. Date of Next Meeting - 25 May 2016
(Item 9)

Appendix 1

NHS
West Kent
Clinical Commissioning Group

2016/17 and beyond Operating plan

The CCG's current strategy – 'Mapping the Future'



The Mandate 2016/17

NHS England's objectives

1. Through better commissioning, improve local and national outcomes, particularly by addressing poor outcomes and inequalities
2. To help create the safest, highest quality health and care services
3. To balance the NHS budget and improve efficiency and productivity
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
5. To maintain and improve performance against core standards
6. To improve out-of-hospital care
7. To support research, innovation and growth

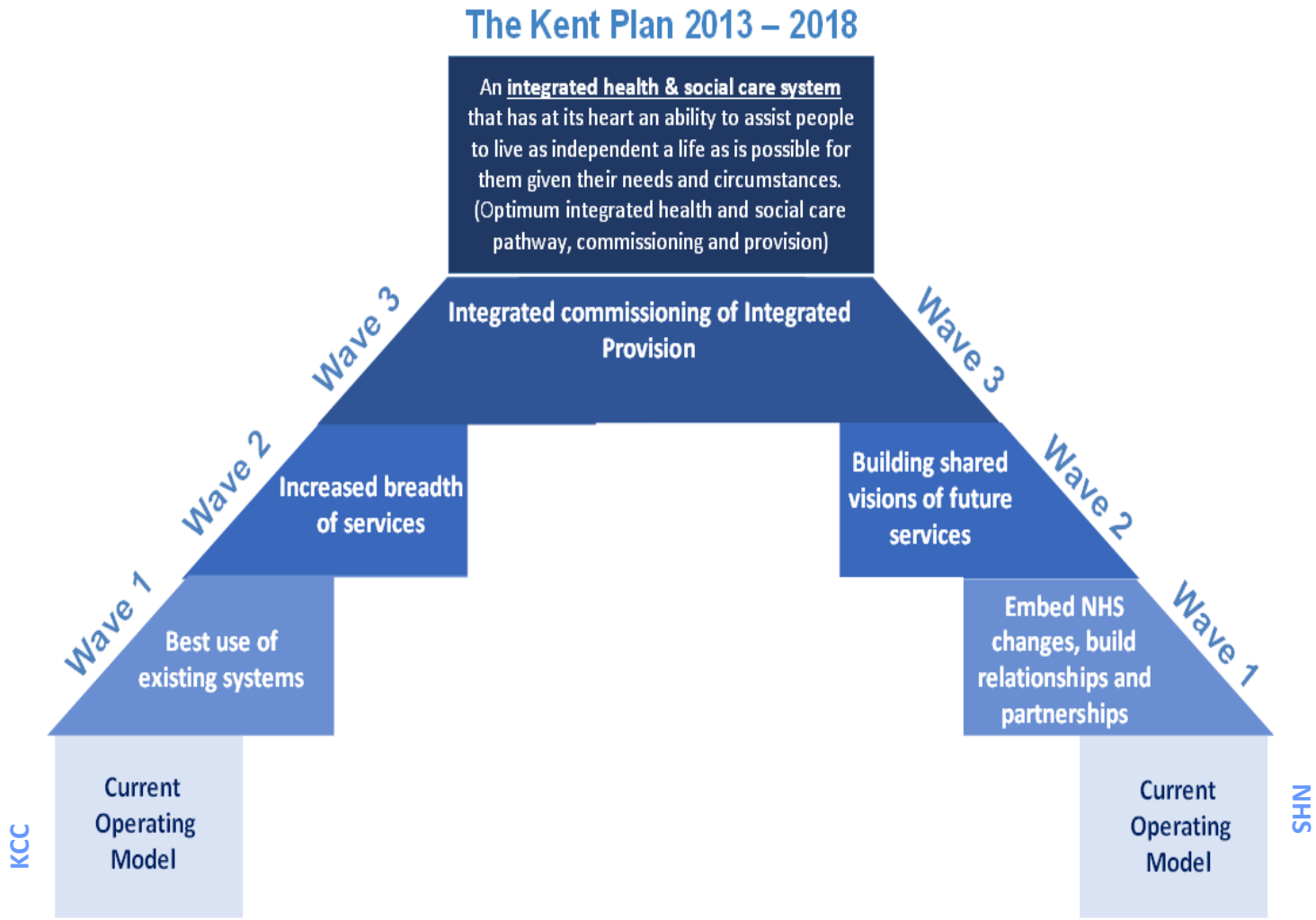
The Five Year Forward View

- Getting Serious about Prevention
- Empowering Patients and Engaging Communities
- New Care Models
  - Multispecialty Community Providers (MCPs)
  - Primary and Acute care Systems (PACS)
  - Urgent and emergency care networks
  - Specialised care
  - Enhanced health in care homes
- Smarter use of technology
- Efficiency and more money

New Care Models…

- Can act as Accountable Care Organisations that …
  - Provide and commission
  - Defined population
  - Capitated risk
  - MDT approach
  - Rewarded for outcomes
  - Real time, operational informatics

CCGs and KCC – Integration Pioneer



HWB Priorities

Joint Health and Wellbeing Strategy

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5
Every child has the best start in life	Effective prevention of ill health by people taking greater responsibility for their health and wellbeing	The quality of life for people with long term conditions is enhanced and they have access to good quality care and support	People with mental ill health issues are supported to 'live well'	People with dementia are assessed and treated earlier, and are supported to 'live well'

Approach: Integrated Commissioning

Approach: Integrated Provision

Approach: Person Centered

Priority 1	Priority 2	Priority 3	Priority 4
Tackle key health issues where Kent is perform-ing worse than the England average	Tackle health inequalities	Tackle the gaps in provision	Transform services to improve outcomes, patient experience and value for money

Planning Guidance for 2016/7 – 2020/21

Two separate but connected plans

- a five year **Sustainability and Transformation Plan** (STP), place-based and driving the Five Year Forward View (by June 16)

- a one year **Operating Plan** for 2016/17, organisation-based but consistent with the emerging STP (by April 16)

Nine 'must dos' for 2016/17

1. Develop and high quality and agreed STP
2. Return the system to aggregate financial balance
3. Develop a local plan to address the sustainability and quality of primary care
4. Get back on track with access standards for A&E and ambulance waits
5. Improve and maintain NHS constitution standards for RTT
6. Deliver the NHS Constitution 62 day cancer waiting standard and continue to deliver the 31 day standard
7. Achieve and maintain two new MH access standards – treatment for a first episode of psychosis & IAPT. Continue to meet the dementia diagnosis rate of 67%
8. Deliver the actions set out in plans to transform care for people with LD
9. Develop and implement an affordable plan to make improvements in quality; particularly for organisations in special measures.

Planning Priority Themes (1)

- Mental Health
- Frailty and Dementia
- Transforming Outpatients
- Timely access to diagnostics, including reporting
- Children's Health Services (including CAMHS)
- Cancer
- Avoiding the need for Urgent Care
- Focus on delivering ambulatory care when possible

Planning Priority Themes (2)

- Development of Primary care and New Primary Care
- Working in partnership with District councils
- Getting best value from Continuing Health Care and Placements
- Opportunities for repatriation
- Improved prescribing
- Enhancing services for patients with Learning Disability

Enabling worstreams and focus

- IT and other technology / Digital roadmap
- Contracting/Pricing
- Links to quality agenda and contract schedules
- Integration of commissioning with KCC

Allocations – forward look

	DfT (£m)	DfT (%)	Actual per capita (£)	Target per capita (£)	Actual allocation £m	Target allocation £m	Base level growth %	Growth received by CCG %
2013-14	(39.828)	(7.9)	1,000	1,085	466.024	505.582		
2016-17	(15.221)	(2.7)	1,124	1,156	540.964	556,185	1.4	5.0
2017-18	(14.042)	(2.5)	1,143	1,172	555,399	669,441	0.2	2.7
2018-19	(12.673)	(2.2)	1,162	1,188	570,065	582,738	0.1	2.6
2019-20	(11.949)	(2.0)	1,182	1,206	585,306	597,255	0.0	2.7
2020-21	(10.460)	(1.7)	1,223	1,244	611,691	622,151	1.5	4.5

Dft = Distance from target

WK CCG Draft Financial Framework 2016-17

	M10 O/T	FYE/ NR	Recurrent	P&P	Demo-graphic	Other	Baseline/ Business Rules	Budget (£551.5m)
MTW	208.6	2.0	210.6	3.3	2.1	-1.8		214.2
Other Acute	98.1	-0.9	97.2	1.2	1.7	3.0		103.1
KMPT	31.2	-0.7	30.5	0.3	0.3	0.4		31.5
Other MH	11.7	-0.3	11.4	0.1	0.1	1.0		12.6
KCHFT	32.7	-0.3	32.4	0.4	0.3	0.0		33.1
Other community	15.0	0.6	15.6	0.1	0.1	0.0		15.8
CHC	35.2	0.0	35.2	0.9	2.8	0.0		38.9
Primary Care	10.9	-1.1	9.8	0.4	0.0	1.8	1.1	13.1
Prescribing	71.9	1.0	72.9	0.7	2.9	1.2		77.7
Other	5.2	0.0	5.2	0.0	0.0	-1.9	6.3	9.6
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	2.7	2.7
Running Costs	10.6	-0.1	10.5	0.0	0.0	0.0	0.0	10.5
GRAND TOTAL	531.1	0.2	531.3	7.4	10.3	2.6	10.1	562.8
					QIPP requirement			**11.3**

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Appendix 2

Annual Operating Plan 16/17

Simon Perks, Accountable Officer, Ashford and Canterbury CCGs
Hazel Carpenter, Accountable Officer, South Kent Coast and Thanet CCGs

Health and Wellbeing Board -16th March 2016

Ashford Clinical Commissioning Group, Canterbury and Coastal Clinical Commissioning Group, South Kent Coast Clinical Commissioning Group and Thanet Clinical Commissioning Group.

9 National ‘Must Dos’

1. Develop a high quality *Sustainability and Transformation Plan* (STP) with the partner organisations within the Kent and Medway STP footprint;
2. (Continue to) Maintain financial balance / contribute to efficiency savings;
3. (Continue to) Implement plans to address the sustainability and quality of general practice;
4. Recover and maintain the access standards for A&E and Ambulance pathways;
5. Recover and maintain the NHS Constitution standards for referral to treatment and improve upon the 2015/16 position;
6. Recover the NHS Constitution 62 day cancer waiting standard and maintain all other cancer waiting standards;
7. Achieve and maintain the two new mental health access standards;
8. (Continue to) Deliver plans to transform care for people with learning disabilities;
9. (Continue to) Implement plans to improve the quality and safety of services for our patients.

Delivering against Kent HWBB Strategy

- **Every child has the best start in life**
  - Implement LAC (including UASC) service redesign to improve statutory timeframe for children to have Initial Health Assessments completed.
  - Structured and systematic service improvement of current CAMHS provider including expanded service provision to provide intensive community support and day services for young people with Eating Disorders
  - Recruit (through Transformation) 1 worker within the CCG area to deliver Mind and Body programme, supporting young people who display risky behaviours such as self-harm
- **Effective prevention of ill health by people taking greater responsibility for their health and wellbeing**
  - Local Health and Wellbeing Boards agreed priorities for 2016/17
  - Specifically these elate to Obesity, Smoking and Alcohol

The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

- Focus on integrated commissioning and provision of services
- General Practice
- Introduction of integrated nursing and social care (including domiciliary care)
- Access to voluntary and community service via social prescribing

- **Integrated mental health services**
  - People with mental health issues are supported to ‘live well’
  - Achievement of new national standards are our priority
  - Currently achieving of IAPT standard
  - Focus on delivery of action plan to ensure achievement of EIP standard
- **People with dementia are assessed and treated earlier, and are supported to live well**
  - Practices show a sustained improvement in the diagnosis rate
  - NHS Canterbury CCG has achieved 67%, NHS Ashford CCG having achieved 62%.
  - We continue to offer support with dementia registers

Key Areas of Focus for 2016/17

In order to show how the totality of CCG projects link with the 9 national 'must dos', we have grouped CCG projects around seven key focus areas:

1. Sustainability and Transformation
2. Finance and Activity
3. General Practice - Sustainability and Quality
4. Constitutional Targets / Access Standards
5. Learning Disability Pathways
6. Quality and Safety - Challenged Providers
7. Working with our partners in Kent and Medway

East Kent Part of the Kent and Medway Strategic Plan

What we plan to achieve in 2016/17

- The development of an East Kent Strategic Plan by June 2016, setting out the case for an 'Integrated Accountable Care Organisation' / 'Multi-speciality community provider' in line with the Five Year Forward View
- Public Consultation on the East Kent Strategic Plan in late summer / autumn 2016

How we plan to achieve this

- East Kent Strategy Board and Program Office
- A detailed program plan has been developed and is overseen by an 'Integrated Executive Program Board' co-chaired by KCC and the CCG for IACO in South Kent Coast and Thanet.

East Kent Strategic Plan

Whole System Clinical Strategy – Overview

- Simplify services and remove unnecessary complexity.
- Use these services to build multidisciplinary care teams for patients with complex needs.
- Wrap multidisciplinary teams around groups of practices, including mental health, social care, specialist nursing and community resources.
- Support these teams with new models of specialist input.
- Develop teams and services to provide support to patients as an alternative to admission or hospital stay.
- Build the information infrastructure, workforce, and ways of working and commissioning that are required to support this.
- Reach out into the wider community to improve prevention, provide support for isolated people, and create healthy communities

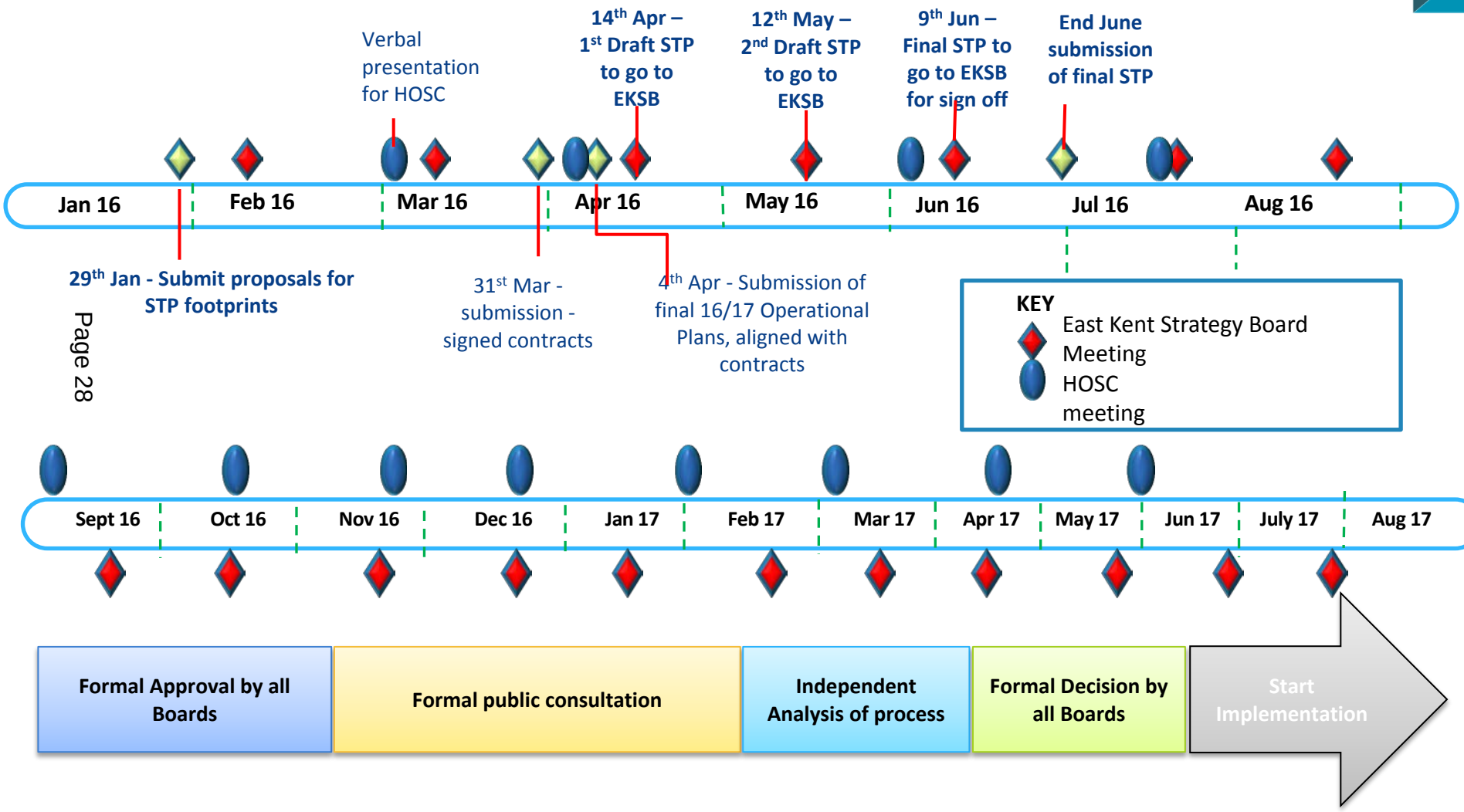
East Kent Strategic Plan
What does the future look like?

Out of hospital integrated health and care services:

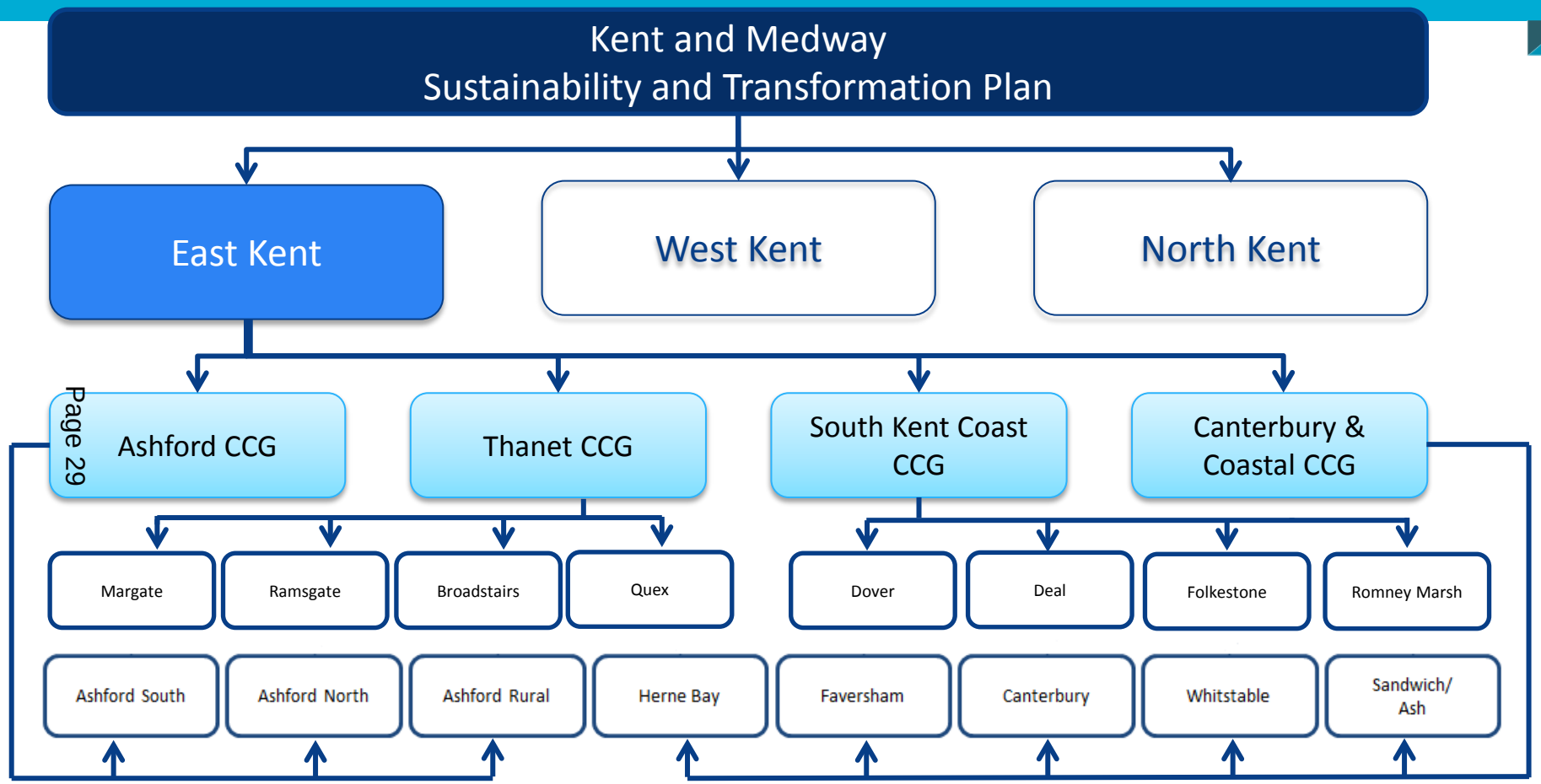
- List based, grounded in primary care
- Maximum scope for the team around the patient GP
- Social Services, Voluntary Sector and NHS working together
- Secondary care (physical and mental health) support to primary care out of hospital as far as possible
- Safer, more specialist, secondary care services, with access conducive to decrease health inequalities
- Out of hospital provision through Multispecialty Community Providers (MCP)
- Smaller acute hospitals

East Kent Strategic Plan

East Kent Strategy Programme Timeline



East Kent Strategic Plan



- Focus on progressing integrated care establishing four Multispecialty Community Providers and Accountable Care Organisations across East Kent.
- Agreeing appropriate acute hospital provision and supporting bed capacity in the community.
- Positive approach to local engagement and consultation, starting in autumn 2016.

Finance and Activity

What we plan to achieve in 2016/17

- 1% planned surplus, 1.5% contingency and 1% top slice (provisionally allocated for non-recurrent provider support)

How we plan to achieve this

- Finance - capped contracts with main providers and a focus on key expenditure lines (prescribing and placements)
- Commissioning - continued Pathway Re-design (Managed Care) in key specialties to support the alignment of capacity to demand
- Performance - a focus on unwarranted variation using the NHS Right Care approach, the Atlas of Variation and the Joint Strategic Needs Assessment (to validate both existing projects and any proposed new projects)
- Quality - a continued focus on benchmarking providers and targeting outliers using quality levers (e.g. Audit, CQUINS, KPIs, Quality Visits)

Constitutional Targets / Access Standards

What we plan to achieve in 2016/17

- Recover and maintain the access standards for A&E and Ambulance pathways
- Recover and maintain the NHS Constitution standards for Referral to Treatment
- Recover the NHS Constitution 62 day cancer waiting standard and maintain all other cancer waiting standards
- Achieve and maintain the two new mental health access standards:
  - More than 50 per cent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral
  - 75 per cent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, and 95 per cent in 18 weeks

Constitutional Targets / Access Standards (continued)

How we plan to achieve this

- Commissioning:
  - Implementation of collaborative projects with east Kent CCGs and providers to re-design elements of the urgent care, cancer, dementia, diagnostic and mental health pathways as well as the planned care pathways for:
    - Cardiology
    - Dermatology
    - Diabetes
    - Ophthalmology
    - Orthopaedics
    - Respiratory Disease
    - Rheumatology
    - Urology

Constitutional Targets / Access Standards (continued)

How we plan to achieve this

- Commissioning:
  - Continued implementation of the following Better Care Fund (BCF) initiatives that support achievement of the A&E access standards:
    - Avoiding Unplanned Admissions Enhanced Service (Primary Care)
    - Enhancing care for the over 75's (Primary Care)
    - Health Trainers Accident and Emergency Pilot
    - Paramedic Practitioner Pilot
    - Falls Work stream
    - Care Homes Work stream
    - Community Geriatrician
    - Integrated Intermediate Care
    - End of Life Care Work stream

Constitutional Targets / Access Standards (continued)

How we plan to achieve this

- Finance - our finance and activity plans include the necessary activity and finance to achieve Constitutional Targets / Access Standards for 2016/17 (this approach is possible because acute activity is below the current years contracted plan). Funding for activity into the independent sector has also been identified to ensure that patient choice is supported
- Performance:
  - Monitoring and reporting on Constitutional Targets / Access Standard achievement / trajectories through the year.
  - Joint oversight with Commissioning and Quality colleagues of providers' Recovery Action Plans and contractual performance management
- Quality:
  - Assurance that, whilst under performance continues, challenged providers have mitigating actions in place with to minimise the risks to patients
  - Joint oversight with Commissioning and Performance colleagues of providers' Recovery Action Plans and contractual performance management

General Practice - Sustainability and Quality

What we plan to achieve in 2016/17

- To support the development of a range of healthcare services - traditionally beyond the immediate scope of an individual practice - within hubs based around the populations of Deal, Dover, Folkestone, Hythe & Lyminge and Romney Marsh

How we plan to achieve this

- Commissioning:
  - **Hub / Provider Development for General Practice** - provision of structured support to develop practices as hubs and as individual providers
  - **Enhanced Primary Care (BCF initiative) & Urgent Care Model** - explore opportunities for patients to be seen by another GP within their local 'hub' or another appropriate health care professional (e.g. pharmacist, paramedic practitioner, MIU nurse practitioner (out-reaching) or Rapid Response nurse)
  - **Integrated Out of Hours Service** - procurement of an integrated OOH service including an east Kent NHS 111 hub and an advanced care navigation service capable of deploying/referring to clinical responders

General Practice - Sustainability and Quality (continued)

- **Integrated Intermediate Care (BCF Initiative)** - further integration of Intermediate Care Services provided by Kent County Council Social Care, health and the voluntary sector within South Kent Coast
- **Integrated Primary Care Teams (BCF initiative)** - further development of multi-disciplinary/ agency teams at practice level (e.g. integrated nursing teams combining mental health, social care, voluntary agencies, health trainers, and other professionals)
- **GP IT** - deployment of additional tools to support clinicians and improve care for patients (e.g. clinicians, with patient consent, being able to share patient records with other clinicians; mobile working solutions to enable clinicians to update patient records away from base; video consultation for patients and care homes)
- **Workforce Development** - continued development of our primary care workforce (e.g. developing staff to transition into new roles (e.g. Health Care Assistants progressing into Associate Practitioner roles); increasing the number of Nurse Mentors and Training Practices; providing free educational events for Care Home and Domiciliary Care staff)

General Practice - Sustainability and Quality (continued)

- **Vulnerable Practice Support** - work jointly with NHS England to identify and support practices in difficulty
- **Premises** - development of a Primary Care Premises Strategy in agreement with hubs and practices, taking into account the emerging models of care and opportunities to share or co-locate facilities with other health and care services
- **Primary Care Transformational Fund** - use of this fund to improve estates and accelerate digital and technological developments in general practice
- **Co-commissioning of Primary Care** - engage with our member practices to develop and prepare them for the delegated responsibilities of primary care co-commissioning in 2017/18

General Practice - Sustainability and Quality (continued)

- Finance:
  - Allocation of funding for additional capacity in Primary Care to improve outcomes for our older population
  - Implement tools developed to enable benchmarking of spend against weighted budgets (to identify variation)
- Performance:
  - Provision of practice profiles benchmarking referrals and activity for their practice population, based on locally developed weighted practice list data
  - Development of a similar report for each hub with benchmarking within and between hubs
- Quality - direct and indirect support to practices (undertaking Quality Visits to practices who request assistance or who are identified as outliers via Performance colleagues' primary care dashboard and supporting clinical leads peer review of unwarranted variation between practices)

Learning Disability Pathways

What we plan to achieve in 2016/17

- We will develop and implement Learning Disability pathways that ensure people wherever possible, are supported at home rather than in hospital. This will involve moving away from the traditional model of community beds and investing in more effective and comprehensive community support

Learning Disability Pathways (continued)

How we plan to achieve this

- Commissioning:
  - Continue to implement care and treatment reviews
  - Maintain a register of all current learning disability and autistic spectrum disorder in-patient placements
  - Discharge all current in-patients deemed to be inappropriately placed in hospital to more appropriate community based packages of support and accommodation
  - Produce a Transforming Care Local Implementation Plan to outline service developments in line with the National Model of Care for people with learning disabilities / autistic spectrum conditions
- Finance - pooled funding arrangements between health and social care to support the integration of services and investigation of new models of contracting for support better patient pathways and improved outcomes
- Performance - monitoring and reporting on learning disabilities service providers and the development of more in-depth key performance indicators related to the quality of service

Learning Disability Pathways (continued)

How we plan to achieve this

- Quality:
  - Pro-active review of placements to ensure quality and safety is improved and maintained
  - Development of a dashboard for Learning Disability Care Homes
  - Engage with patient participation groups to understand patient experiences and improve the quality of service
  - Work with commissioners to develop effective pathways that meet the needs of carers and patients
  - Improve the quality of intelligence surrounding children services
  - Transforming Care programme in place and progressing as per target - measuring outcomes for patients successfully relocated to community being developed

Learning Disability Pathways
Transformation of Services

- **The Birling Centre decommissioned in 2014**
  - Closed 10 in-patient beds which served Kent and Medway health economy.
  - Budget fully reinvested in enhanced community learning disability (LD) services.
  - Allows for more preventative interventions to be planned and delivered.
- **New Complex Care Response pathway**
  - The aim is to reduce the numbers of people with LD or ASC being admitted to in-patient services.
  - Since these new elements commissioned no admissions to specialist in-patient units
- **First draft Transforming Care Plan submitted 8th February.**
- **Working with NHS England Specialised Commissioning Team on the development of a forensic outreach service**
- **Our plan estimates that we will need access to 48 beds across Kent**
- **Local procedures are in place to ensure that national Care and Treatment Review Policy and Guidance is implemented for every patient who is referred for in-patient treatment.**
- **Applying to the national £30 million fund**
  - Develop further the support for people with Autism who may challenge and / or have additional mental health problems through implementation of our new neurodevelopmental delay pathway.

Quality and Safety -
Challenged Providers

What we plan to achieve in 2016/17

- A continued pro-active focus on all challenged providers

How we plan to achieve this

- Implementation of our Quality Strategy which provides a framework for identifying and quantifying quality and safety issues within challenged providers and developing a bespoke response to these providers. Elements of the strategy include:
  - Intelligence gathering from multiple sources (e.g. quality visits, audits, contract management, patient feedback, serious incidents, CQC inspections)
  - Formal review of the intelligence and an assessment of the risks to quality and patient safety (through a monthly *Joint Clinical Round Table Meeting*)
  - Development of response / plan for each provider
  - Monitoring and reporting progress of the plan through the CCG's Quality & Performance Committee

Working with our partners in Kent and Medway

What we plan to achieve in 2016/17

- Continued allocation of CCG resources to:
  - Deliver the *Achieving World-Class Cancer Outcomes Strategy*
  - Further develop the *Kent and Medway Urgent and Emergency Care Network*
  - Support implementation of the *Kent Transformation Plan for Children, Young People and Young Adults*
  - Continue to deliver and improve the provision of *Personal Health Budgets*

Working with our partners in Kent and Medway (continued)

How we plan to achieve this

- Recruitment of a Cancer Commissioner for the East Kent CCGs to lead on implementation of the *Achieving World-Class Cancer Outcomes Strategy*
- Membership of the *Kent and Medway Urgent and Emergency Care Network* and commitment to the re-design of UEC pathways
- Continued CCG Commissioner support to the *Kent Transformation Plan for Children, Young People and Young Adults* through the East Kent Children's Commissioning Support Team
- Continued allocation of commissioner staffing resource to deliver *Personal Health Budgets*, including a review of progress to date and scoping of opportunities for improving processes and systems

Next Steps

- Work is ongoing to revise the AOP in light of NHS England and colleagues feedback on the draft AOP submitted to NHS England on 25th January

- The deadline for submission of the AOP to NHS England is 4th April, 2016

Appendix 3

Swale Clinical Commissioning Group

NHS Swale CCG

AOP and STP

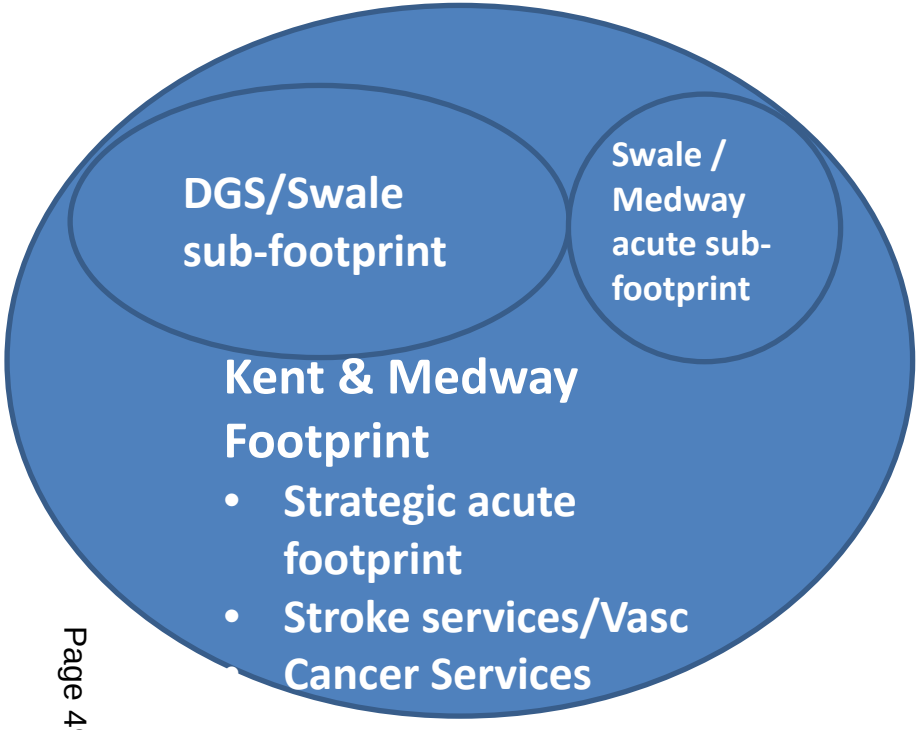
26th February 2016

Place Based Planning: Sustainability and Transformation Plan (STP)

NHS Swale Clinical Commissioning Group

STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 17/18 onwards

- . The STP is about five things:
  - Local leaders coming together as a team
  - Developing a shared vision with the local community which involves local government
  - Programming with coherent set of activities to make it happen
  - Execution against the plan
  - Learning and adapting



North Kent Footprint for STP

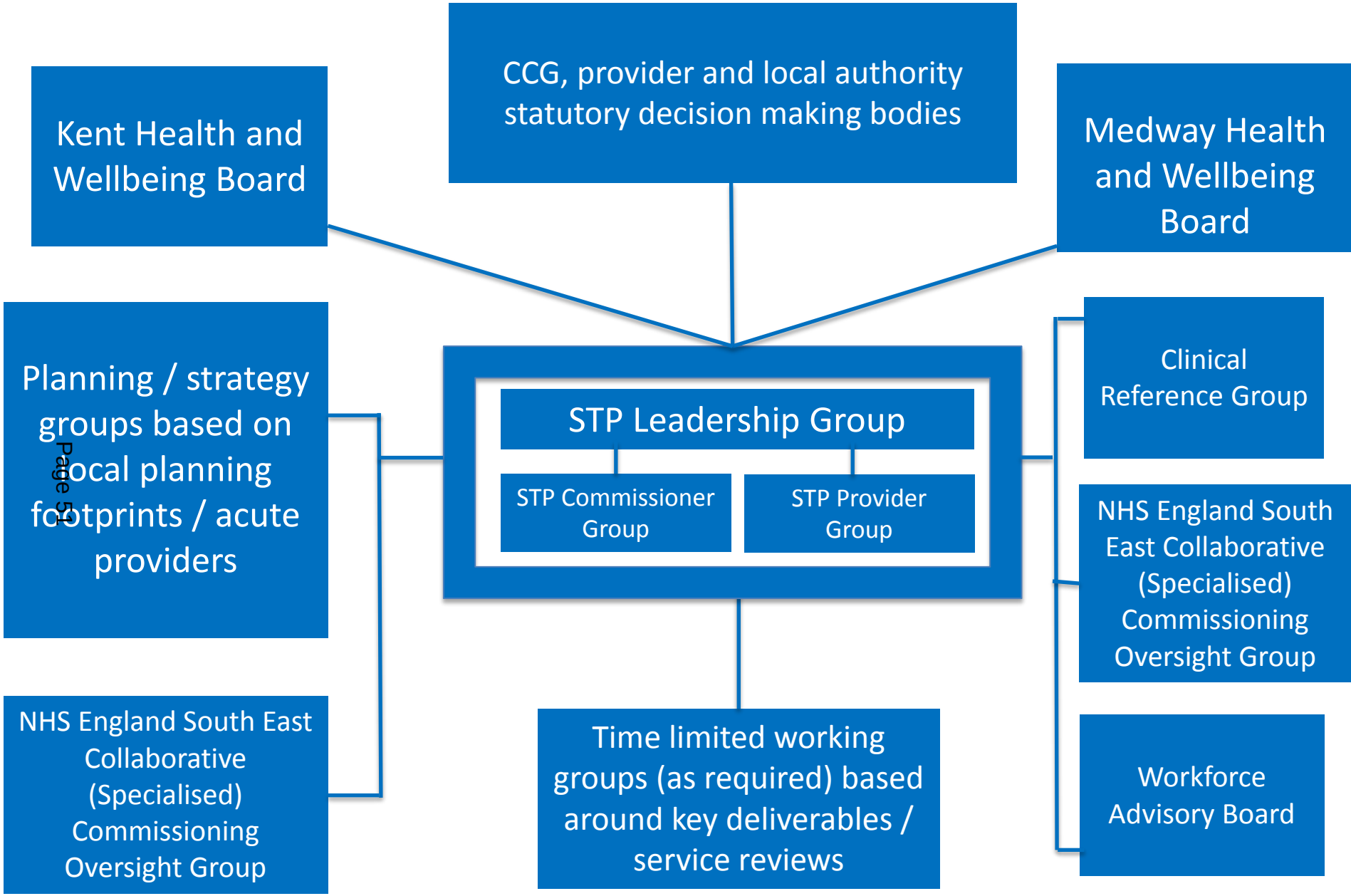
Inside K&M footprint and overlaying DGS / Swale and North East Kent (Medway/Swale)sub-footprint:
North West Kent sub-Footprint
DGS, Swale,

Rationale for the emerging Footprint

- Swale /Medway need to have own sub - footprint linked to MFT
- DGS needs to have own footprint as **significant growth** in next 5 – 10 years AND **2/3rds of activity** goes to DVH and only small % goes to Tertiary / London and other Kent Acute Hospitals
- There is collaboration work progressing across Kent & Medway Acute services etc
- NEL activity – MFT, DVH and MTW inextricably linked re winter resilience and wider Urgent care developments
- Technology changes – will require system support on providing services / (including tertiary services) closer to home

Next Steps

- To develop the Kent & Medway STP through a new governance approach (see next slide)
- Develop the North Kent STP through the North Kent Executive Programme Board.
- To work with Medway CCG and partner organisations on the acute elements of the Medway/Swale STP.


Kent Health and Wellbeing Board
CCG, provider and local authority statutory decision making bodies
Medway Health and Wellbeing Board
Planning / strategy groups based on local planning footprints / acute providers
STP Leadership Group
STP Commissioner Group
STP Provider Group
Clinical Reference Group
NHS England South East Collaborative (Specialised) Commissioning Oversight Group
Workforce Advisory Board
NHS England South East Collaborative (Specialised) Commissioning Oversight Group
Time limited working groups (as required) based around key deliverables / service reviews

Drivers for the AOP priorities and initiatives

- Feedback/Input (clinical/non clinical)
  - GPs, Practice Nurses, Practice Managers
  - Patients/Public
  - Partner organisations (Doctors, Nurses, AHP, Local Authority, Borough Council via SHWBB, Social Care etc)
- Health Needs Assessments/JSNA
- Patient Safety and Quality
- Outcomes Framework/National mandates/policy
- Evidence (e.g. NICE) and Right Care Reviews
- 2/5 year plan/strategy/CCG
- Performance issues (targets/activity)
- Contractually driven (e.g. contract end points)
- NHSE expectations

Key Priorities for longer term sustainability

NHS
Swale Clinical Commissioning Group

- Primary Care including Estate and Digital Strategy implementation
- Adult Community Services (Swale/DGS)
- Priority elective commissioning including:
  - Community Dermatology Service procurement(North Kent)
  - Community Ophthalmology Service(North Kent)
  - Community audiology procurement
- Improving access to urgent and emergency services' pathways.
- Prevention – focus on cancer, respiratory, CVD, diabetes, obesity & smoking
- Primary Care Mental Health & Well-being Model (Kent)
- Emotional Mental Health & Wellbeing Model (Kent)
- Integrated commissioning with KCC (Children and LD)

NHS Swale CCG VISION & PRIORITIES (2016 - 2017)

Goals						
	Reduce health inequalities through tackling cancer, vascular and respiratory disease.	Improve the quality of life of people living with long term and complex health conditions, and their carers, by improving the quality, range and choice of services and giving them information to better manage their own health.	Improve care through integration of services especially for the frail elderly.	Promoting wellbeing and mental health.	Transforming life chances for disadvantaged children.	Improve access, quality, value for money and choice of services in appropriate settings, and where possible closer to home.

Top Priorities

~~AQP 2016/17 QIPP delivery £3.2 m tbc~~

Primary Care – New clinical model development linked to sustainability and improvements in quality of care. This will link to both the Estate Strategy and Digital Strategy development and will be a key component of delegated commissioning

Implementation of the new Adult Community Services contract. Continued focus on integrating care through the Integrated Primary care Teams (IPCTs),care co-ordination navigator service and Paramedic Practitioner service. The key objective will be supporting GP practices to manage more effectively patients in the community and will include dementia support

Continued development of priority elective commissioning to support delivery of RTT and to ensure as much appropriate hospital-based planned care activity is provided locally and/or in the community setting to enhance choice. Includes implementation of community ophthalmology service, community dermatology procurement, community audiology procurement, ENT review, T&O, improved access to diagnostics and improving early diagnosis rates in Cancer

Implement Urgent/Emergency care review findings (includes procurement) to improve access to urgent and emergency services' pathways.

Prevention – continue to address inequalities through direct action in primary care and targeted work with local communities (Cancer, respiratory, CVD, Diabetes, Obesity, Smoking)

Implement Community Mental Health and Wellbeing service and the transformation Plan for Children, Young People and Young Adults (includes procurement of the Emotional Mental Health and Wellbeing model and implementation of the revised all age pathway for ASD/ ADHD for specialist diagnostic provision/post diagnostic support, working in collaboration with social care/education to provide early intervention and prevention in early years.

Priority Initiatives

Continuation of targeted prevention initiatives - prioritising CVD, Cancer, COPD, Diabetes, Smoking and Obesity	Integrated discharge Team inc. Elderly care direct access / Rapid response redesign with acute clinician support Linked to new community service provision	New model for dementia care to enhance support post dementia diagnosis	Extension of Integrated Primary Care Teams	Continued focus on both elective and NEL Cis for 16/17 inc. PTS and Wheelchair Service	Elective projects in Ophthal., dermatology, audiology, ENT, T&O and development and implementation of Choice policy	Emotional MH&WB model procurement includes single point of access	Integrated commissioning function for disabled children and develop new integrated model of commissioning for all children	Enhance Neuro-developmental all age pathway	Continuation of Primary Care Strategy implementation	End of Life Care /care Homes improved care Integrated Comm. (LD) Continuation of delivery of Medicines Optimisation Strategy

- Whole System Transformational
- Service Improvement
- On-going Commissioning
- Enablers

Health & Wellness - Primary Prevention and partnership working with Local Council Authorities in the HWBB and Public Health

Health & Wellness – Increasing Independence (self-care and carers)

Quality Improvements in all services including prescribing quality reviews with GP practices

Commissioning Innovation – use of technology to support sharing of clinical information to support patients care

Draft QIPP Plan

NHS
Swale Clinical Commissioning Group

Swale QIPP by Programme 2016/17	Saving £000	Investment £000	Planned Net Saving £000
Urgent Care	(843.9)	224.0	(619.9)
Medicines Optimisation	(743.0)	43.0	(700.0)
Planned Care	(1,626.6)	324.5	(1,302.0)
Integrated	(107.7)	0.0	(107.7)
Continuing Care	(250.0)	0.0	(250.0)
Primary Care/Health Inequalities	(201.1)	53.2	(147.9)
Other	(183.8)	105.0	(78.8)
Total	(3,956.1)	749.8	(3,206.3)

Draft CIs for 16/17 AOP by programme

CI	Cont.	New	Programme	Integration
Community MH&WB Model	Y		MH	Y
EMH&WB Model (links to Children's Transformation Plan)	Y		MH/Children	Y
Implementation all age neuro-developmental pathway	Y		MH/Children	Y
MH Access and Waiting time standards		Y	MH	
Implementation of recs from Community Paed, MFT, KCC Reviews	Y		CH&M	
Maternity Service Spot Checks (2014 – review, quality and tariff)		Y	CH&M	
Kent LAC procurement	Y		CH&M	Y
Children's Therapies	Y		CH&M	Y

Draft CIs for 16/17 AOP by programme

CI	Cont.	New	Programme	Integration
Derm. Procurement and mobilisation	Y		PC/Cancer	Y
Ophthalmology model review	Y		PC/Cancer	Y
Cancer Strategy	Y		P/C Cancer	
Anticoag Procurement	Y		PC/Cancer	
Audiology procurement	Y		PC/Cancer	
ENT tbc following reviews of clinics	Y		PC/Cancer	
Community Contracts in primary care	Y		PC/Cancer	
Elective pathways to alternative providers	Y		PC/Cancer	
CAS for T&O referrals/Physio lead provider		Y	PC/Cancer	
Transactional: BP tariffs, N:FU ratios, pathology spec and tariff review	Y		PC/Cancer	

16/17 cont.

NHS
Swale Clinical Commissioning Group

CI	Cont.	New	Programme	Integration
Dementia pathway/model review	Y		Dementia/ Carers	Y
Increasing Access to Carers' Services	Y		Dementia/ Carers	Y
Develop 5 yr plan to transform model of Care (FYFV)		Y	Dementia/ Carers	Y
EI project	Y		HI/LTC	
iPCT phase 2 (? Pt record access)	Y		HI/LTC	Y
Focus on Diabetes		Y	HI/LTC	
Urgent Care Review Redesign	Y		UC/EoLC	Y
Enhance IDT (admission avoidance)	Y		UC/EoLC	Y
Home to Assess	Y		UC/EoLC	Y
Frailty pathway (hot clinics in Swale?)	Y		UC/EoLC	Y
Support to Care Homes	Y		UC/EoLC	Y
Urgent Care footprint	Y		UC/EoLC	

Other CIs that will be part of our 16/17 AOP

- Lead contracting commissioner for MFT (WK and DGS)
- K&M wide
  - PTS
  - Eating Disorder
  - MH x 2
  - LAC
  - Neuro-developmental
  - Stroke (ASU/HASU)
- ACS implementation and transformation planning

Integrated commissioning functions as part of 16/17 AOP

- Children (Disabled leading to all children model)
- Children's Transformation Plan
- Mental Health (adults and children)
- Learning Disabilities
- Older people – expand existing arrangements
- Co-commissioning/Delegated commissioning
- Primary Care Strategy and Estate Strategy

Summary

- A first draft of the AOP Exec Summary was submitted to NHS England in February
- Second draft now being produced – taking account of comments – will come to Gov. Body in March and needs to be submitted by April 4th
- STP development commences at the Executive Programme Board on March 23rd – a workshop is planned with providers and KCC

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Appendix 4

Dartford, Gravesham and Swanley
Clinical Commissioning Group

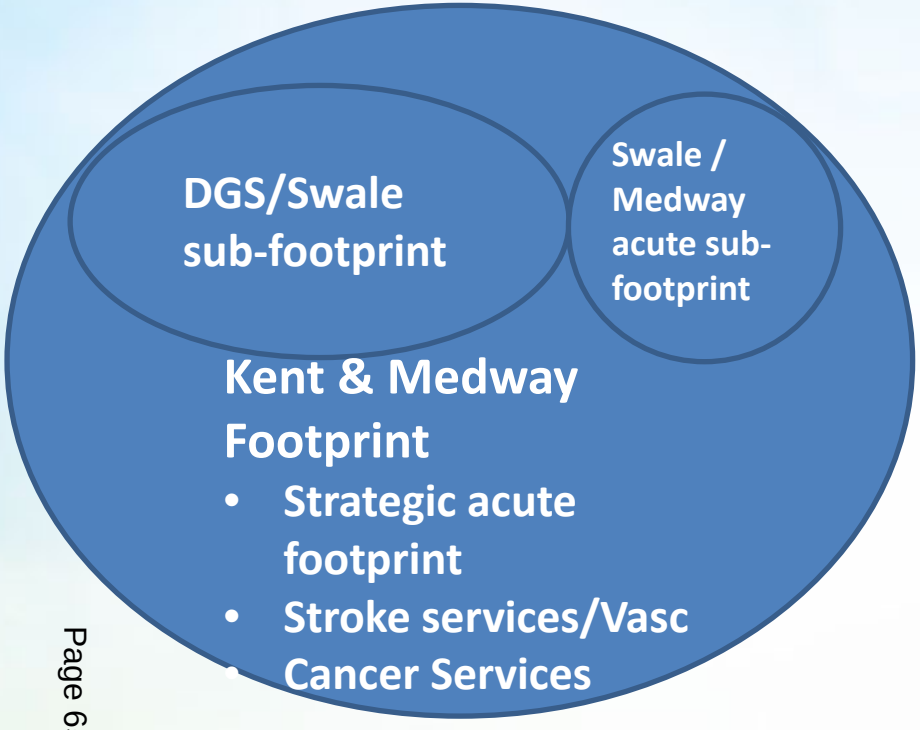
DGS CCG STP and AOP
23rd February 2016

Debbie Stock

Place Based Planning: Sustainability and Transformation Plan (STP)

STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 17/18 onwards

- . The STP is about five things:
  - Local leaders coming together as a team
  - Developing a shared vision with the local community which involves local government
  - Programming with coherent set of activities to make it happen
  - Execution against the plan
  - Learning and adapting



North Kent Footprint for STP

Inside K&M footprint and overlaying DGS / Swale and Medway/Swale sub-footprint:
North Kent Footprint
DGS, Swale,

Rationale for the emerging Footprint

- Swale /Medway need to have footprint linked to MFT
- DGS needs to have own footprint as **significant growth** in next 5 – 10 years AND **2/3rds of activity** goes to DVH and only small % goes to Tertiary / London and other Kent Acute Hospitals
- There is collaboration work progressing across Kent & Medway Acute services
- NEL activity – MFT, DVH and MTW inextricably linked re winter resilience and wider Urgent care developments
- Technology changes – will require system support on providing services / (including tertiary services) closer to home

Next Steps

- To develop the Kent & Medway STP through the Commissioning Assembly.

- Develop the North Kent STP through the North Kent Executive Programme Board.

Drivers for the AOP priorities and initiatives

- Feedback/Input (clinical/non clinical)
  - GPs, Practice Nurses, Practice Managers
  - Patients/Public
  - Partner organisations (Doctors, Nurses, AHP, Local Authority, Borough Council via DGSHWBB, Social Care etc)
- Health Needs Assessments/JSNA
- Patient Safety and Quality
- Outcomes Framework/National mandates/policy
- Evidence (e.g. NICE) and Right Care Reviews
- 2 & 5 year current plan/strategy
- Performance issues (targets/activity)
- Contractually driven (e.g. contract end points)
- NHSE expectations

NHS DGS CCG GOALS & PRIORITIES (2016 - 2017)

Goals					
	Focus on right care, right time, right place and right outcomes	Prioritising patients with greatest health needs & ensuring clinical evidence behind every decision	Maintain and Improve Quality	Provide strong clinical leadership across health & Social Care	Deliver a sustainable Health & Social Care System

Top Priorities
2016/17 QIPP delivery £12m

- Primary Care – New clinical model development linked to sustainability and improvements in quality of care. This will link to both the Estate Strategy and Digital Strategy development and will be a key component of delegated commissioning
- Implementation of the new Adult Community Services contract. Continued focus on integrating care through the Integrated Primary care Teams (IPCTs),care co-ordination navigator service and Paramedic Practitioner service. The key objective will be supporting GP practices to manage more effectively patients in the community and will include dementia support
- Continued development of priority elective commissioning to support delivery of RTT and to ensure as much appropriate hospital-based planned care activity is provided locally and/or in the community setting to enhance choice. Includes implementation of community ophthalmology service, community dermatology procurement, improved access to diagnostics and improving early diagnosis rates in Cancer
- Implement Urgent/Emergency care review findings (includes procurement) to improve access to urgent and emergency services' pathways, including NHS 111 and OOH
- Prevention – continue to address inequalities through direct action in primary care and targeted work with local communities (Cancer, respiratory, CVD, Diabetes, Obesity, Smoking)
- Implement Community Mental Health and Wellbeing service and the transformation Plan for Children, Young People and Young Adults (includes procurement of the Emotional Mental Health and Wellbeing model and implementation of the revised all age pathway for ASD/ ADHD for specialist diagnostic provision/post diagnostic support, working in collaboration with social care/education to provide early intervention and prevention in early years.

Priority Initiatives

Continuation of targeted prevention initiatives - prioritising CVD, Cancer, COPD, Diabetes, Smoking and Obesity	Integrated discharge Team inc. Elderly care direct access / Rapid response initiatives including ambulatory care unit and paramedic practitioners to improve integration	New model for dementia care to enhance support post dementia diagnosis	Extension of Integrated Primary Care Teams including further development of care navigator service	Continued focus on both elective and NEL Cis for 16/17 inc. PTS and Wheelchair Service	Elective projects in Community Ophthalmology &, dermatology, development and implementation of Choice policy	Emotional MH&WB model procurement includes single point of access & Enhance Neuro-developmental all age pathway	Integrated commissioning function for disabled children and develop new integrated model of commissioning for all children	Review and Service redesign of diabetes services including being part of wave 1 of the National Diabetes prevention prog.	Development of a quality outcomes based contract with GPs to deliver improved health outcomes for patients	End of Life Care /care Homes improved care Integrated Comm. (LD) Continuation of delivery of Medicines Optimisation Strategy

- Health & Wellness - Primary Prevention and partnership working with Local Council Authorities in the HWBB and Public Health
- Health & Wellness – Increasing Independence (self-care and carers)
- Quality Improvements in all services including prescribing quality reviews with GP practices
- Commissioning Innovation – use of technology to support sharing of clinical information to support patients care

Key:
- Whole System Transformational
- Service Improvement
- On-going Commissioning
- Enablers

Key Priorities for longer term sustainability

- Primary Care development, including Estate and Digital Strategy implementation
- Adult Community Services (Swale/DGS)
- Priority elective commissioning including:
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- Prevention – focus on diabetes, obesity, smoking & cancer
- Primary Care Mental Health & Well-being Model (Kent)
- Emotional Mental Health & Wellbeing Model (Kent)
- Integrated commissioning with KCC (Children and LD)

Draft QIPP Plan

Commissioner Programme Area	Sum of 16/17 Planned Finance Changes £000
Urgent Care	- 285
QIPP to be identified	- 7,614
Planned Care	- 1,372
Mental Health	- 737
Primary Care	- 291
Medicines Optimisation	- 1,000
Continuing Health Care	- 250
Adult Community Service	- 467
Grand Total	- 12,016

Draft CIs for 16/17 AOP by programme

Commissioning Intentions	Cont.	New	Programme
Continued HI work with GP practices addressing variation	Y		LTC
Delivery of MH Street Triage service	Y		MH
Community MH&WB Model	Y		MH
EMH&WB Model (links to Children's Transformation Plan)	Y		MH/Children
Implementation all age neuro-developmental pathway	Y		MH/Children
IAPT and MH Access and Waiting time standards		Y	MH
Maternity Services – Work with Darenth Valley Hospital to implement South East Strategic Clinic Network recommendations to reduce still and pre-term births.		Y	CH&M
Kent LAC procurement	Y		CH&M
Children's Therapies	Y		CH&M

Draft CIs for 16/17 AOP by programme

Commissioning Intentions	Cont.	New	Programme
NK Derm. Procurement and mobilisation	Y		Pl.C/Cancer
NK Ophthalmology model procurement	Y		Pl.C/Cancer
Cancer – implementation of NICE	Y		Pl. C Cancer
Re-procure full body physiotherapy	Y		Pl. Care
Telephone follow-up in range of specialties	Y		Pl. Care
GP Clinical activity variation	Y		Pl. Care
Transactional: BP tariffs, N:FU ratios, review of block services at DVH, re-pricing of Kings AMD at Queen Mary's Sidcup	Y		Pl.Care
Medicines Optimisation – range of schemes including generic switches, reduction in poly-pharmacy, prescribing rebate scheme etc	Y		Medicines Optimisation
Continuing Health Care – optimisation of patient care packages	Y		CHC

16/17 cont.

Commissioning Intentions	Cont.	New	Programme
Dementia pathway/model review inc dementia hub café development	Y		Integrated
Continual focus on dementia diagnosis rate (currently 63.7%)	Y		Integrated
Increasing Access to Carers' crisis short breaks Services	Y		Integrated
Diabetes pilot to reduce variation & work related to wave 1 national Programme		Y	HI/LTC
iPCT phase 2, further roll out of care navigators	Y		HI/LTC
Palliative & End of Life Care	Y		UC/EoLC
Urgent Care Review Redesign	Y		UC/EoLC
Paramedic practitioners	Y		UC/EoLC
Elderly Care – falls reduction	Y		UC/EoLC
Re-procurement of Adult Community Services	Y		

Integrated commissioning functions with KCC & Primary Care as part of 16/17 AOP

- Children (Disabled leading to all children model)
- Children's Transformation Plan
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