



West Kent

Clinical Commissioning Group

Strategic Commissioning Plan 2014-19

Gail Arnold, Chief Operating Officer

5 NHS Outcome Framework Domains

Preventing people from dying prematurely

Best quality of life for people with long-term conditions including those with mental illness

Helping people to recover quickly and successfully from episodes of ill-health or following an injury

Patients have a great experience of all their care

Patients are kept safe and protected from all avoidable harm



7 outcome measures

Securing additional years of life for the people of England with treatable mental and physical health conditions

Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions.

Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.

Increasing the proportion of older people living independently at home following discharge from hospital.

Increasing the number of people having a positive experience of hospital care.

Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.

Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.



3 key improvement measures

improving health

reducing health inequalities

parity of esteem



West Kent Specific Targets and Initiatives

Vision: High quality care for all, now and for future generations

Outcome ambitions
5 Domains - 7 outcome measures
+ Improving health
Reducing health inequalities
Parity of esteem

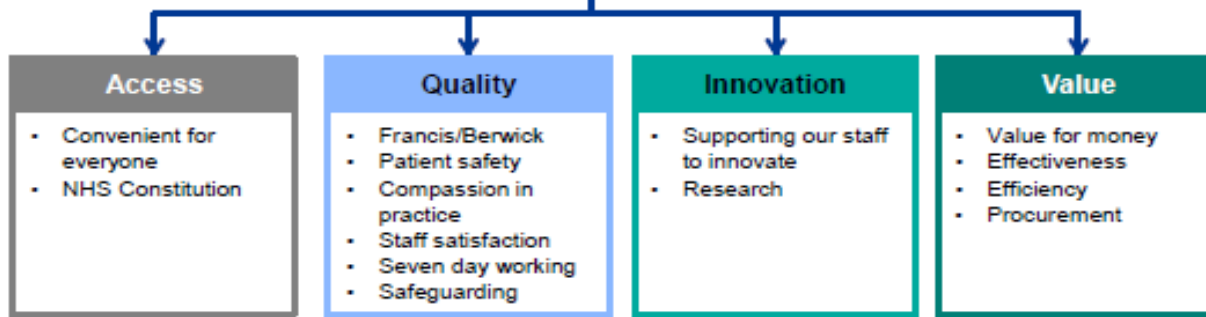
Delivering transformational service models

- New approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Specialised services concentrated in centres of excellence.

The NHS belongs to the people
A CALL TO ACTION



West Kent Better Care Fund



Commissioning for transformation (with clinical leadership)

Strategic Commissioning Plan

Commissioners are required to:

| | |
|------------------------------|---|
| Define/Describe | Case and context for change – i.e. what will be different for patients |
| At a strategic level | <ul style="list-style-type: none"> Deliver a 5 year plan Credible costed plans to deliver outcomes |
| At an operational level | <ul style="list-style-type: none"> Years 1 and 2 in detail (on a journey to achieve the 5 year plan) Align with Better Care Fund (BCF) Separate section showing usage of BCF |
| Evidence | <ul style="list-style-type: none"> Improved health outcomes Balancing the financial and planning framework |
| Respond to A Call for Action | <ul style="list-style-type: none"> Plan for transformation on a 5 year basis Ensure providers are best placed to deliver high quality services Deal with the financial gap Ensure appropriate risk and mitigations are in place |
| Focus | Less on what is done for the patients and more on the results of what is done i.e. the outcomes |

Pioneer Bid and Better Care Fund

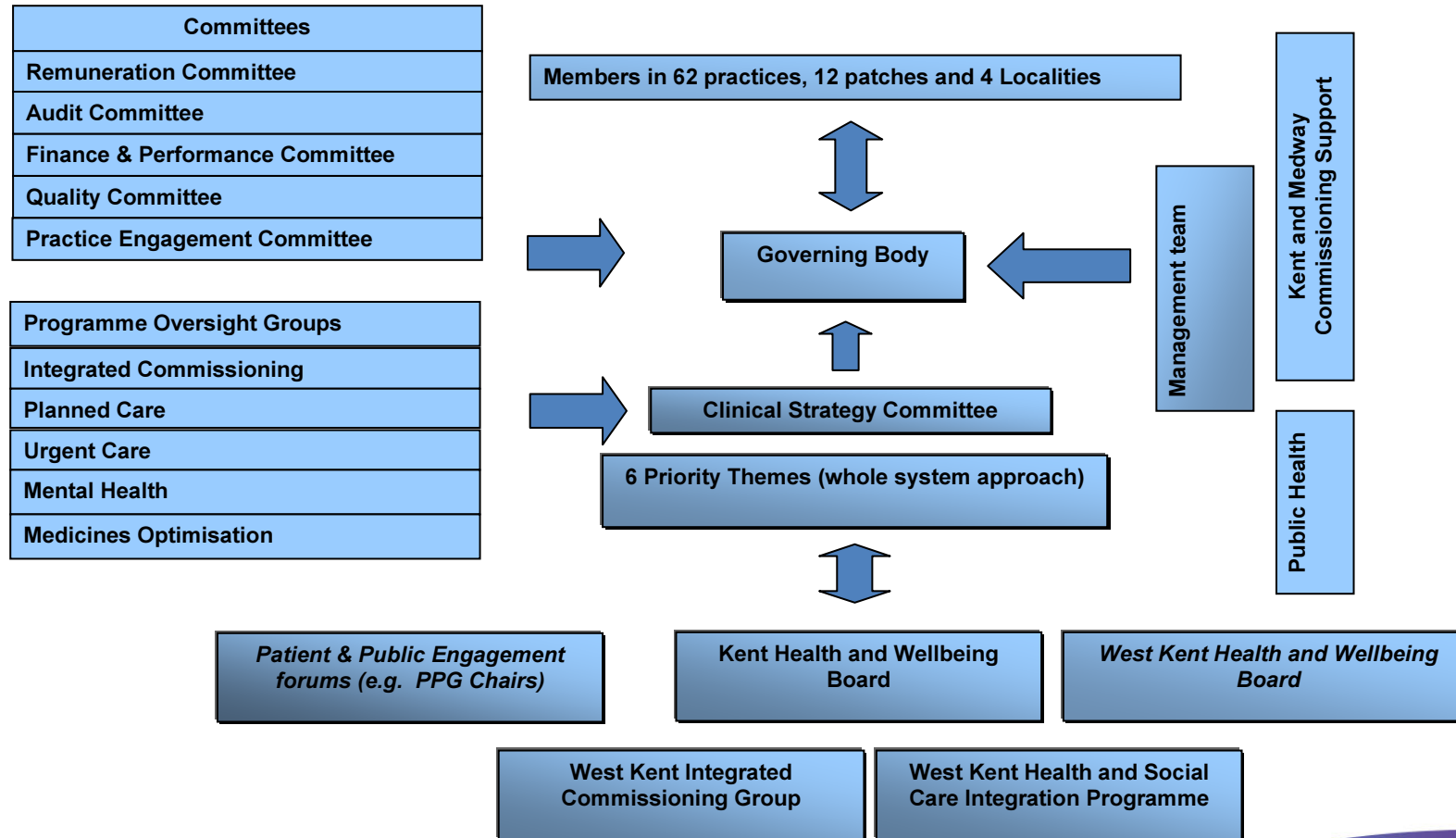
Kent Integration Care and Support Pioneer

- Kent Integration Pioneer Working Group – mix of commissioners and providers involved in developing integration plans which the Better Care Fund (BCF) is based upon
- Mapping the Future (MTF) delivery is West Kent integration work plan (part of Kent Care and Support Integration Pioneer programme)

Better Care Fund Outcomes

- buy more provision of reablement and care packages to keep people independent in their own homes
- rapidly develop integrated care through bringing together inreach/outreach services, community hospital provision, and GP out of Hours as part of a network of integrated multi-disciplinary teams. All of this will be delivered with strong medical/clinical leadership and joint assessment processes.
- use of year of care tariffs where appropriate
- minimise use of physical resources i.e. hospital buildings and maximise use of human resources i.e. skilled workforce with a multi-disciplinary health and social care approach
- support the principle of unequal investment to close the health inequality gap by addressing specific needs in specific areas to improve health outcomes
- **BCF Local (Kent) indicators** – injuries due to falls in people aged 65 and over & improve Social Care Quality of life

Scrutiny/Governance



Stakeholder Engagement

- Kent Integration Pioneer Working Group - oversight of pioneer bid (ongoing)
- Mapping the Future - four programme workshops held involving patient representatives, clinicians, health and care professionals and managers (Summer 2013)
- Mapping the Future - discussions at West Kent Health & Well Being Board, West Kent CCG Governing Body Board and Annual General Meeting for all West Kent GPs (Summer/Autumn 2013)
- BCF workshop/engagement event led by Kent Health and Wellbeing Board under the Health and Social Care system leadership programme (January 2014)
- Local commissioning intention discussions/contracting monitoring and negotiation meetings with providers (February/March 2014)
- West Kent Integrated Commissioning Group, and the West Kent Health and Social Care Integration Programme (HASCIP) discussions on governance and implementation of BCF with - (Early March 2014)
- West Kent and Kent Health and Wellbeing Boards - Presentations on BCF and West Kent CCG Strategic Commissioning Plan – (mid/late March 2014)

Current Health Challenges in West Kent

- Increasing needs of ageing population
- Lack of integrated information systems
- Lack of integrated health & social care teams in the community to support vulnerable patients in their usual place of residence
- Inability to move patients onto rehabilitation pathways, especially neurorehabilitation and slower stream when system hits points of pressure
- reliance on key individual members of staff
- Insufficient level of capacity outside of acute hospitals meaning patients stay in acute beds longer than is necessary, creating bottlenecks and pressures elsewhere in the system i.e. A&E and acute medical wards
- Insufficient number of Elderly Mental Infirm (EMI) placement beds
- Delivering on 18 week referral to treatment time constitutional commitment

Current Health Challenges in West Kent

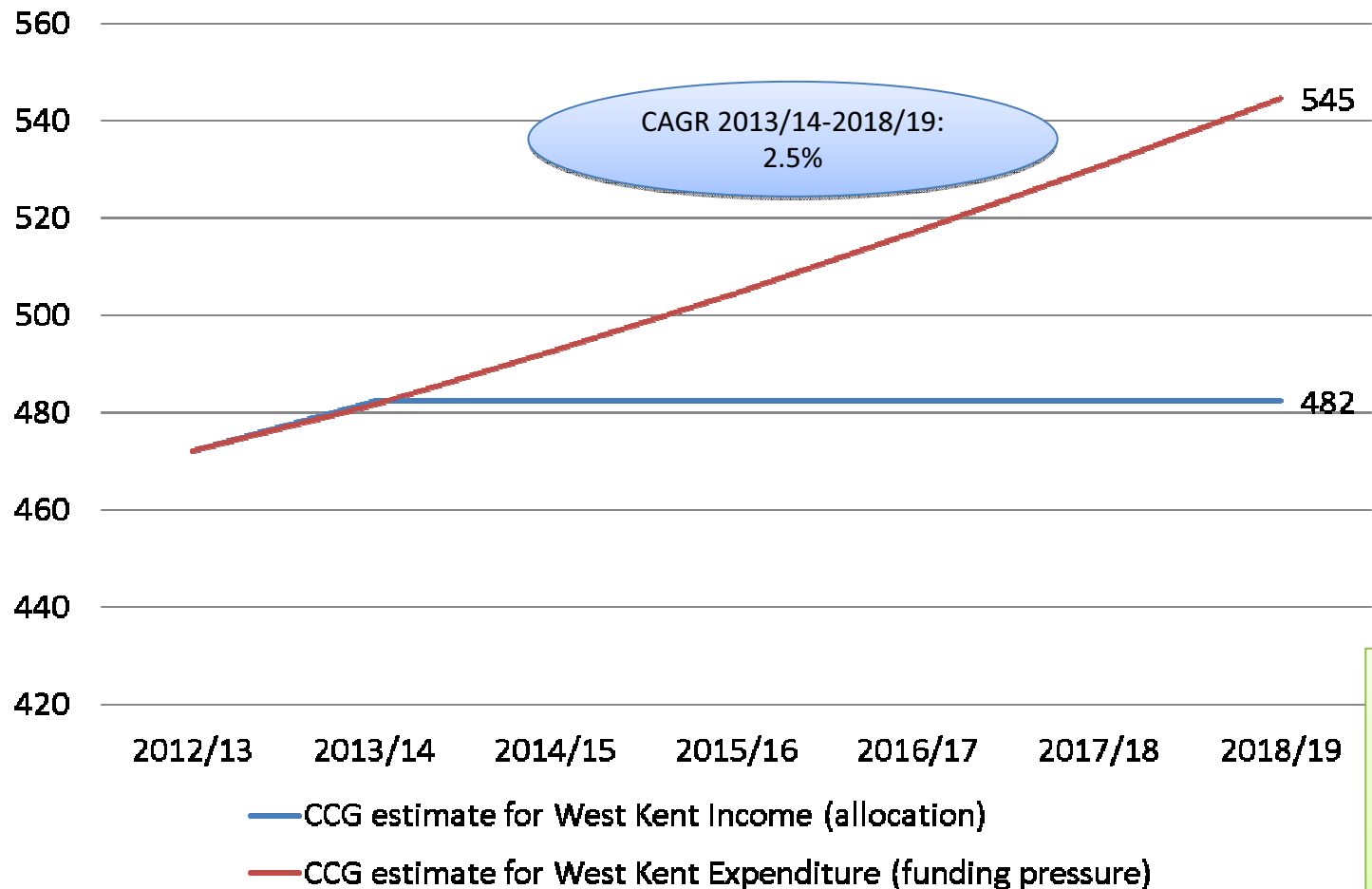
- Delivering timely reporting of diagnostic investigations, although the tests are achieved within the target time
- Higher than desired number of patients admitted to acute hospitals for end of life care
- Gaps in expected levels of detected disease leading to health inequalities
- Opportunity for patients with long term conditions to be more involved in their own condition management and for them to receive more of their necessary care in a planned way outside of hospitals
- Timely provision of equipment to keep patients at home
- Delivery of the desired ambulance response times
- Recruitment to specific specialist roles
- Timely access to Children and Adolescent Mental Health Services (CAMHS) services
- Timely access to Improving Access to Psychological Therapies (IAPT) services

Growth in demand for care has to be served without growth in resources

- CCG funding gap will increase every year, becoming ~£60m in 2018/19
 - In a 'Flat Cash' environment
- Our health care providers are already planning to make significant savings every year for next few years
- PCT and CCG has achieved financial duties by taking non-recurrent actions
- MTW needs to do even more to account for the gradual withdrawal of support for Pembury PFI
- West Kent has historically under-invested in community services and received a larger share of those services than it has paid for

If we do not change our health services there will be a widening gap between our income and spend

West Kent CCG budget, £m, Nominal figures, Flat cash scenario



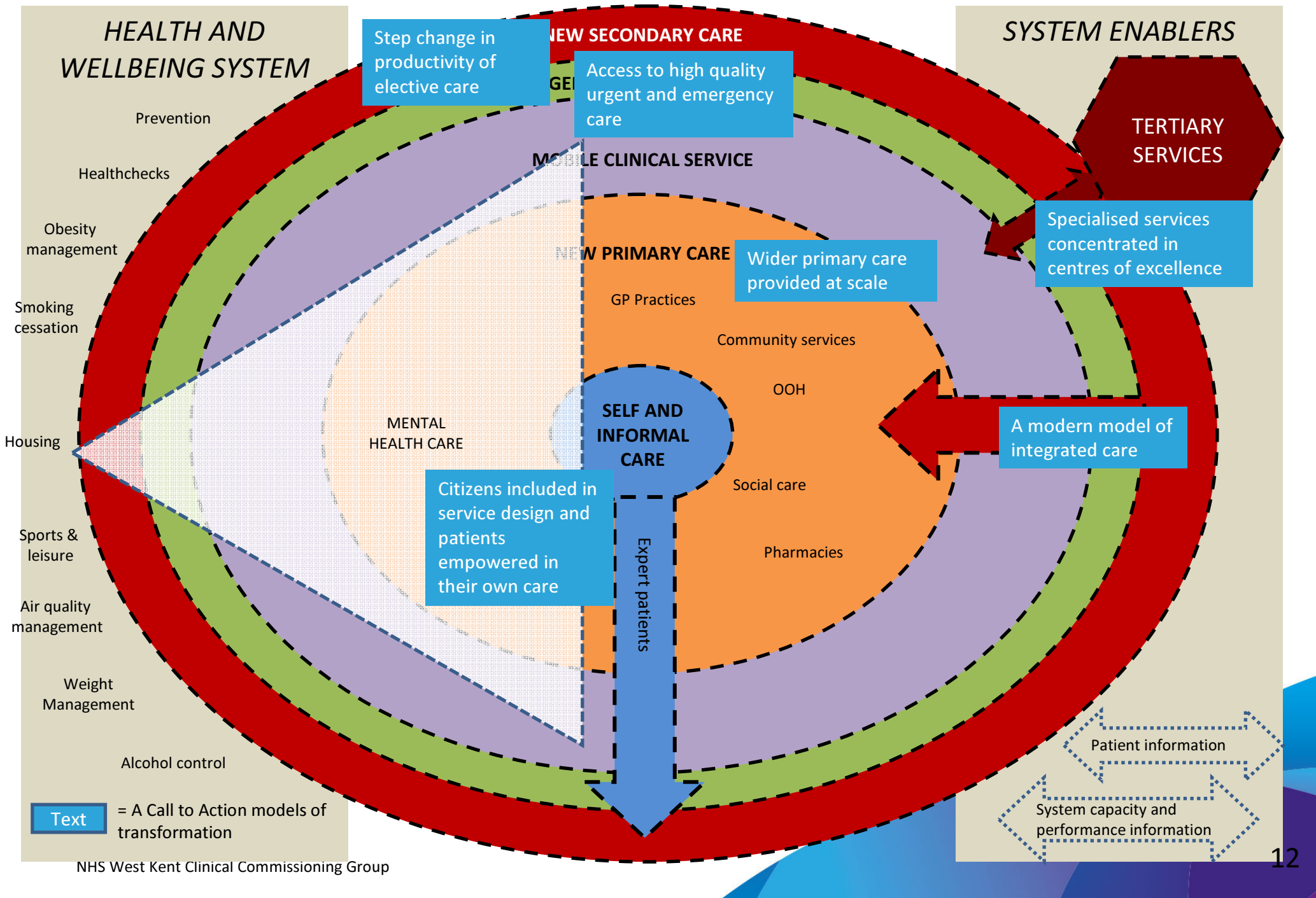
Commissioner's funding gap is **£62m** in 2018/19

£62m is nearly **double the mental health spend** this year!

- These are nominal figures, i.e., inflation has not been excluded
- Providers have to make further efficiencies to cover pay and prices

Source: Nuffield Trust, 2012; CCG budget estimate from Reg Middleton, Feb 2013; NHS, Kent County Council population estimates

Note: England population estimate 53m in 2012/13 growing to 55m in 2017/18; West Kent population estimate 0.466m in 2012/13 growing to 0.49m in 2017/18



HEALTH AND WELLBEING SYSTEM

SYSTEM ENABLERS

NEW SECONDARY CARE

MOBILE CLINICAL SERVICE

NEW PRIMARY CARE

TERTIARY SERVICES

SELF AND INFORMAL CARE

MENTAL HEALTH CARE

Step change in productivity of elective care

Access to high quality urgent and emergency care

Wider primary care provided at scale

Specialised services concentrated in centres of excellence

A modern model of integrated care

Citizens included in service design and patients empowered in their own care

Expert patients

Text = A Call to Action models of transformation

Patient information

System capacity and performance information

Mapping the Future - The Blueprint

| | |
|---------------------------------|--|
| Health and Well-being | <ul style="list-style-type: none"> • Whole system approach with campaigns on alcohol, smoking and obesity • Communities and individuals with capacity to support themselves and each other • All levers used to tackle health determinants – e.g., Health education, environmental health, housing eligibility and maintenance, trading standards, standards and specifications of health and social care contracts |
| Self and Informal Care | <ul style="list-style-type: none"> • People are supported to take responsibility for their health and care • People fully informed and take part in discussions about future plans • People are supported to stay independent and at home for as long as possible • Local communities and voluntary organisations are encouraged to provide support |
| New Primary Care | <ul style="list-style-type: none"> • GP practices, community services, OOH, social work and mental health as integrated team that can respond round the clock, easily accessible, seamless service • Some services brought into community (e.g., diagnostics) • Pro-active care and prevention |
| Mobile Clinical Services | <ul style="list-style-type: none"> • Helpline for advice to patients and carers, supported by GPs and well supervised , aware of all available services real-time • Paramedics provide care to people at the point where they become ill, as part of integrated team with same similar pathways and protocols and access to information |
| Urgent Transfer | <ul style="list-style-type: none"> • Transfer patients with urgent care needs to best setting, not necessarily only to A&E • Provide a range of treatments and diagnostic tests to patients on the way • More use is made of transport services by voluntary and community organisations |
| New Secondary Care | <ul style="list-style-type: none"> • Urgent and planned care are managed as separate entities for optimum efficiency • Some services concentrated in larger centres • Urgent care as part of a total system connected with NPC and Mobile Services • Clear agreements between NPC and specialists about their responsibilities and risks |
| System Enablers | <ul style="list-style-type: none"> • Access to shared medical records and care plans for all care professionals anywhere • Improved communications and relationships between all care professionals • Risk management across the system contribute to more efficient and effective care (financial risk and clinical governance) • Financial and contractual levers aligned |

Resource outlook

- West Kent CCG initial funding below target level
- NHSE England has confirmed firm intention to reduce inequalities in funding levels
- West Kent CCG will receive a higher than average funding uplift – confirmed for two years, indicative for further three years, as follows:

| | Distance from target | | Actual per capita £ | Target per capita £ | Actual allocation £m | Target allocation £m | Base level growth % | Growth received by West Kent CCG % |
|----------------|--------------------------------------|--------|------------------------|------------------------|-------------------------|-------------------------|------------------------|---------------------------------------|
| | £m | % | | | | | | |
| 2013-14 | (39.828m) | (7.87) | 1,000 | 1,085 | 466.024 | 505.852 | | |
| 2014-15 | (27.426m) | (5.48) | 1,006 | 1,064 | 476.809 | 504.235 | 2.14 | 3.86 |
| 2015-16 | (24.348m) | (4.76) | 1,026 | 1,077 | 492.214 | 516.563 | 1.70 | 3.23 |
| 2016-17 | Indicative planning assumptions only | | | | | | 1.80 | 2.72 |
| 2017-18 | | | | | | | 1.70 | 2.69 |
| 2018-19 | | | | | | | 1.70 | 2.68 |

West Kent CCG - Deployment of resources

- Resource consumption dominated by investment toward people aged over 60 who have between 1-5 Long Term Conditions
- High proportion of expenditure directed towards the cost of emergency care, community services and drug prescribing within the age cohorts over 60 years of age
- People over 65 and those with Long Term Conditions represent 25% of the population but consume 71% of the total CCG budget
- People over the age of 65 and those with LTCs represent 25% of the West Kent population but consume 71% of the total CCG budget. This is the group where integrated care is most beneficial

| Age band | A&I | Pregnancy and infants | Maternity admissions | Physiotherapy | Physio | Hospital inpatient | Mental health | | | Mental health | Community | Prescribing | Contracting and | Other | Total health spend |
|----------|-------|-----------------------|----------------------|---------------|--------|--------------------|---------------|----------------|-------------|---------------|-----------|-------------|-----------------|--------|--------------------|
| | | | | | | | Amulance | High cost drug | Other acute | | | | | | |
| 0-4 | 304 | 1,594 | 0 | 1,165 | 463 | 718 | 311 | 317 | 1,154 | 0 | 1,897 | 1,925 | 0 | 425 | 16,284 |
| 5-9 | 234 | 1,094 | 0 | 1,400 | 730 | 670 | 215 | 307 | 1,079 | 69 | 1,487 | 2,313 | 0 | 415 | 9,997 |
| 10-14 | 330 | 1,071 | 0 | 1,395 | 556 | 498 | 230 | 288 | 1,012 | 414 | 501 | 2,307 | 0 | 390 | 9,938 |
| 15-19 | 426 | 1,739 | 367 | 1,592 | 791 | 730 | 355 | 422 | 1,482 | 1,422 | 514 | 2,631 | 0 | 545 | 21,126 |
| 20-24 | 423 | 1,877 | 1,592 | 1,252 | 691 | 507 | 376 | 474 | 1,665 | 1,739 | 470 | 2,070 | 0 | 613 | 24,750 |
| 25-29 | 358 | 1,738 | 2,605 | 1,724 | 900 | 590 | 352 | 596 | 2,092 | 2,550 | 536 | 2,848 | 0 | 734 | 37,677 |
| 30-34 | 397 | 1,929 | 3,928 | 2,000 | 972 | 727 | 367 | 744 | 2,632 | 2,570 | 562 | 3,436 | 0 | 602 | 24,233 |
| 35-39 | 280 | 2,152 | 2,820 | 2,149 | 1,175 | 906 | 400 | 720 | 2,528 | 2,852 | 586 | 2,607 | 0 | 891 | 24,206 |
| 40-44 | 345 | 2,680 | 922 | 2,384 | 1,621 | 1,485 | 495 | 705 | 2,477 | 3,181 | 569 | 3,038 | 0 | 906 | 21,028 |
| 45-49 | 346 | 2,806 | 80 | 2,668 | 1,891 | 1,060 | 516 | 736 | 2,586 | 4,162 | 607 | 4,408 | 0 | 991 | 21,857 |
| 50-54 | 291 | 3,108 | 3 | 2,787 | 1,961 | 1,475 | 558 | 795 | 2,792 | 3,233 | 856 | 4,604 | 0 | 1,017 | 24,480 |
| 55-59 | 295 | 3,308 | 0 | 2,815 | 1,945 | 1,427 | 586 | 804 | 2,826 | 3,108 | 894 | 4,650 | 0 | 882 | 23,652 |
| 60-64 | 295 | 4,288 | 0 | 3,449 | 2,509 | 1,849 | 746 | 1,073 | 3,771 | 2,685 | 1,377 | 5,697 | 0 | 1,287 | 31,002 |
| 65-69 | 294 | 6,094 | 0 | 4,232 | 2,948 | 4,942 | 1,041 | 1,380 | 4,889 | 4,644 | 2,133 | 6,992 | 4,081 | 1,800 | 42,394 |
| 70-74 | 306 | 5,748 | 0 | 3,622 | 2,387 | 4,343 | 1,027 | 1,238 | 4,349 | 4,863 | 2,741 | 5,984 | 3,904 | 1,078 | 46,299 |
| 75-79 | 382 | 7,107 | 0 | 4,580 | 3,208 | 4,368 | 1,240 | 1,206 | 4,688 | 3,243 | 4,547 | 6,914 | 4,794 | 1,824 | 43,612 |
| 80-84 | 311 | 8,591 | 0 | 3,027 | 1,594 | 1,743 | 1,456 | 1,252 | 4,397 | 3,106 | 2,182 | 4,992 | 5,726 | 1,944 | 48,806 |
| 85-89 | 275 | 8,333 | 0 | 1,823 | 875 | 1,462 | 1,401 | 954 | 3,353 | 1,870 | 8,317 | 3,012 | 5,553 | 1,634 | 38,855 |
| 90-94 | 173 | 5,581 | 0 | 760 | 313 | 454 | 942 | 544 | 1,912 | 1,056 | 6,019 | 1,255 | 3,720 | 985 | 21,715 |
| 95+ | 54 | 1,839 | 0 | 141 | 51 | 74 | 320 | 166 | 583 | 191 | 2,222 | 333 | 1,266 | 312 | 7,911 |
| Total | 4,384 | 72,984 | 12,190 | 64,075 | 28,176 | 28,158 | 12,906 | 24,326 | 92,067 | 67,086 | 44,120 | 72,912 | 21,008 | 20,224 | 626,972 |

| Age band | WLTC | | | | | | Total |
|----------|---------|---------|--------|--------|-------|-----|---------|
| | 0 | 1-5 | 6-10 | 11-15 | 16-20 | 21+ | |
| 0-4 | 8,751 | 1,432 | 51 | 0 | 0 | 0 | 10,234 |
| 5-9 | 8,040 | 1,944 | 13 | 0 | 0 | 0 | 9,997 |
| 10-14 | 7,770 | 1,533 | 96 | 0 | 0 | 0 | 9,399 |
| 15-19 | 9,734 | 2,696 | 686 | 0 | 0 | 0 | 13,116 |
| 20-24 | 9,753 | 2,291 | 2,639 | 67 | 0 | 0 | 14,750 |
| 25-29 | 11,800 | 2,952 | 2,854 | 69 | 0 | 0 | 17,677 |
| 30-34 | 14,635 | 3,784 | 2,768 | 46 | 0 | 0 | 21,233 |
| 35-39 | 14,126 | 4,097 | 2,904 | 79 | 0 | 0 | 21,206 |
| 40-44 | 12,601 | 5,623 | 3,127 | 441 | 15 | 0 | 21,808 |
| 45-49 | 11,730 | 6,749 | 4,547 | 643 | 189 | 0 | 23,857 |
| 50-54 | 11,108 | 9,188 | 3,692 | 416 | 86 | 0 | 24,490 |
| 55-59 | 10,009 | 9,945 | 3,187 | 475 | 43 | 0 | 23,652 |
| 60-64 | 9,916 | 14,902 | 4,800 | 1,136 | 248 | 0 | 31,002 |
| 65-69 | 10,954 | 24,006 | 6,136 | 1,971 | 287 | 0 | 43,354 |
| 70-74 | 8,348 | 22,207 | 6,574 | 2,544 | 709 | 17 | 40,399 |
| 75-79 | 6,821 | 24,263 | 9,569 | 2,659 | 507 | 93 | 43,912 |
| 80-84 | 5,923 | 24,177 | 12,047 | 3,971 | 678 | 9 | 46,806 |
| 85-89 | 3,950 | 18,993 | 11,598 | 3,520 | 766 | 28 | 38,855 |
| 90-94 | 2,348 | 10,951 | 7,942 | 2,056 | 361 | 56 | 23,715 |
| 95+ | 813 | 3,623 | 2,304 | 547 | 225 | 0 | 7,911 |
| Total | 179,126 | 169,887 | 67,532 | 26,640 | 4,148 | 204 | 626,972 |

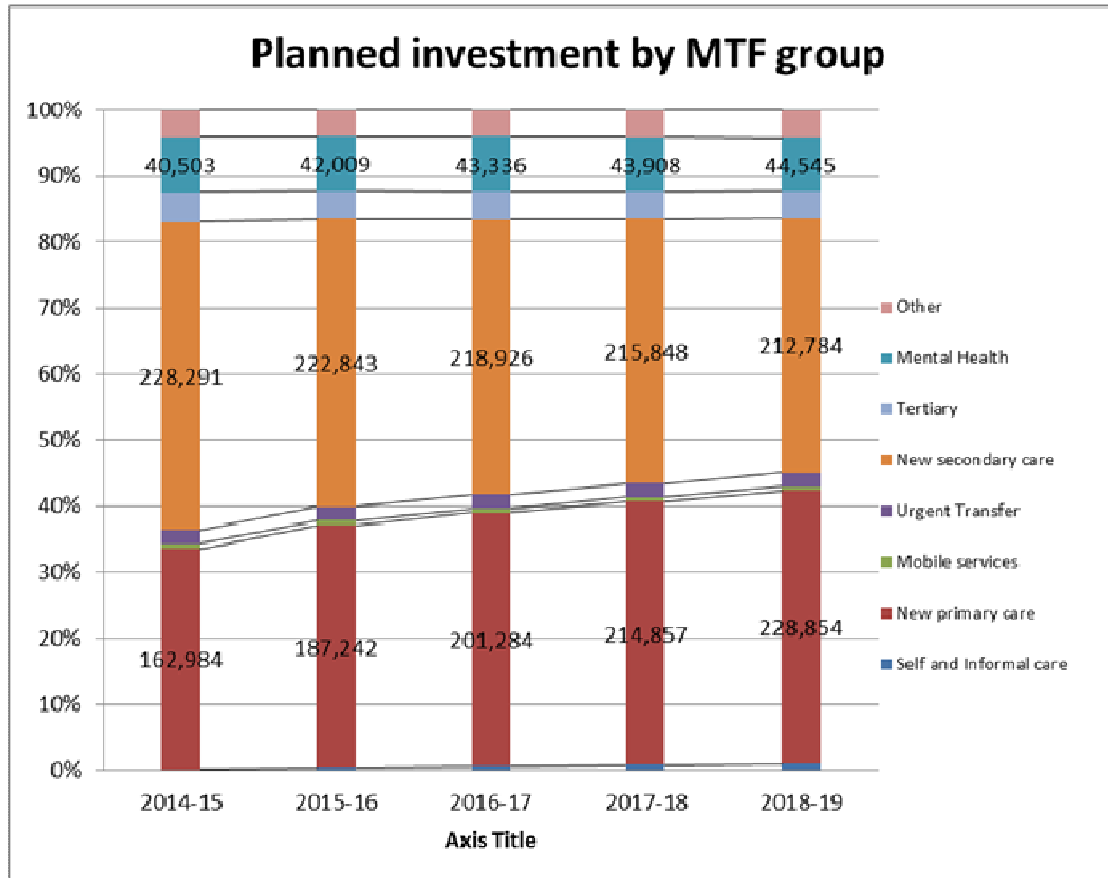
Finance – Strategic Goals

- To secure a sustainable financial future for the CCG
- To secure an appropriate balance between the achievement of financial duties and the achievement of high quality clinical services
- To secure the maximum benefit per £ invested, in terms of health outcomes, and quality of care
- To deploy resources in way that secures the vision of the CCG towards shifting the provision of care towards community based settings

Medium Term Financial Plan - draft

| | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
|-------------------------------|---------|---------|---------|---------|---------|
| | £000 | £000 | £000 | £000 | £000 |
| Resource Limit | 493,169 | 516,383 | 530,241 | 544,220 | 558,521 |
| Self and Informal care | 619 | 2,304 | 3,322 | 4,382 | 5,484 |
| New primary care | 162,984 | 187,242 | 201,284 | 214,857 | 228,854 |
| Mobile services | 4,039 | 3,924 | 3,693 | 3,481 | 3,266 |
| Urgent Transfer | 9,892 | 10,468 | 10,918 | 11,420 | 11,931 |
| New secondary care | 228,291 | 222,843 | 218,926 | 215,848 | 212,784 |
| Tertiary | 21,585 | 21,693 | 21,975 | 22,348 | 22,728 |
| Mental Health | 40,503 | 42,009 | 43,336 | 43,908 | 44,545 |
| Other | 20,324 | 20,736 | 21,484 | 22,534 | 23,344 |
| Total | 488,237 | 511,219 | 524,938 | 538,778 | 552,936 |
| Surplus 1% | 4,932 | 5,164 | 5,302 | 5,442 | 5,585 |

Relative Movement in Investment Plans



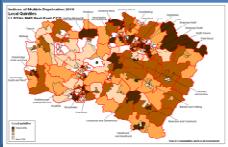
Mapping the Future Outcomes

- Consistent, high quality health and social care services that are interconnected and available round the clock
- A system that offers the most effective and efficient care so that people get the *right care* in the *right place* by professionals with the *right skills* the *first time*
- Proactive care which aims to prevent people from developing illnesses and limiting the severity of their conditions
- Individuals and carers are active partners in their care, receiving personalised and coordinated services and support
- Care is organised in a way that enables people to be as independent as possible and to only visit hospital when it is absolutely essential
- Health and care services that are efficient in the way they use resources

Our Ambition is that by 2018/19 we will have:

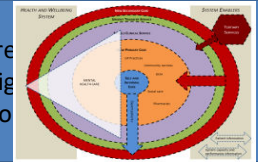
- Reduced years of life lost to under 75s for circulatory disease & cancer by 5%
- Increased the number of patients whose dementia is diagnosed to 60%
- Reduced the number of hospital admissions for respiratory disease by 20%
- Increased the take up of psychological therapies to 50% of those that are eligible
- Ensured that children & adolescents needing Mental Health services are assessed, when urgent within 48 hours and otherwise within 4 weeks and treated in 12 weeks
- Increased the number of outpatient appointments that are provided in the community not the acute hospital by 15%
- Reduced the number of urgent hospital admissions by 25%, by providing more care outside hospital in a planned way

West Kent Plan on a Page



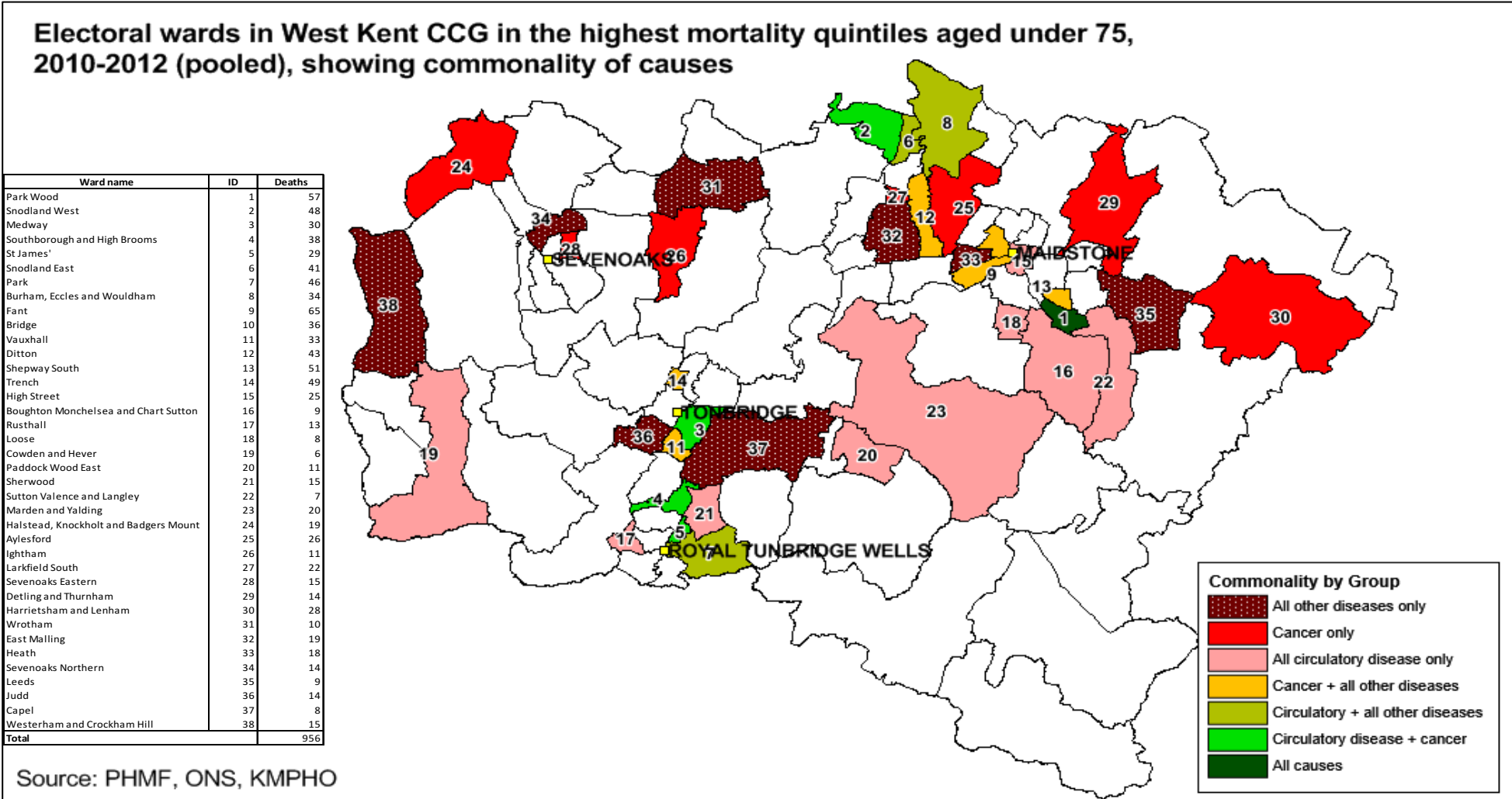
West Kent is a prospering area in Southern England with above average health outcomes. The population of West Kent is 464,000 and although generally affluent there are hidden pockets experience of end of life care; improving health in the most disadvantaged communities; supporting people with mental ill health to live well; and giving children the best start in life

Working with local people, clinicians from all providers and the local authority we have produced 'Mapping the Future' describing what modernised health and care like in 18.19 to meet the challenges described above as well as the need to manage increasing need for care with reducing resources. We share a conviction that significant changes to how care is provided across health and social care are essential and that integration is key to success. West Kent is part of the Kent wide 'Integration Pioneer' programme

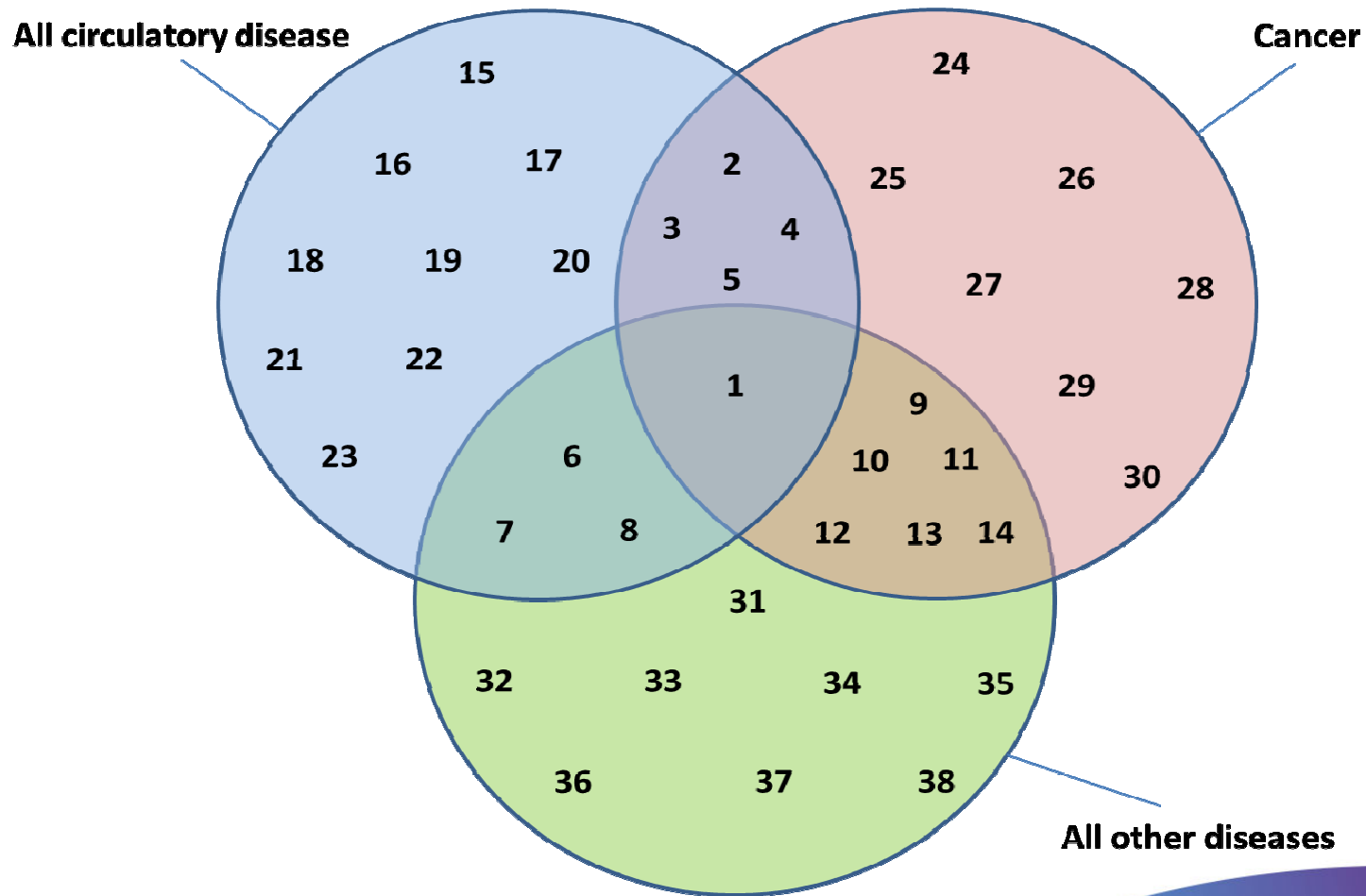


| Our Vision for 18/19 is to provide: | Our ambition for 18/19 is that we will have: | By March 2016 we will have introduced: | We will make sure we deliver the plan by: |
|--|---|--|---|
| <p>Self and Informal Care People and local communities are supported to take responsibility for their own care</p> | <ul style="list-style-type: none"> Reduced years of life lost to under 75s for circulatory disease & cancer by 5% Increased the number of patients whose dementia is diagnosed to 60% | <p>Proactive care</p> <ul style="list-style-type: none"> Integrated community health, mental health, and social care teams, with GP leadership, working with groups of GP practices. Active support from integrated teams to the community to enable patients to look after themselves Increased support to help people at the end of their life to die in the place of their choice | <p>Ensuring it is overseen through the following governance arrangements</p> <ul style="list-style-type: none"> Overall leadership exercised by the West Kent Health and Wellbeing Board Participation in the Kent wide 'Integration Pioneer' programme Mapping the future programme board to oversee delivery |
| <p>New Primary Care General Practice is supported by a full range of 24/7 health and social care services to help manage individuals with, multiple long term conditions in the community and avoid the need for hospital admission</p> | <ul style="list-style-type: none"> Reduced the number of hospital admissions for respiratory disease by 20% Increased the take up of psychological therapies to 50% of those that are eligible | <p>Reactive Care</p> <ul style="list-style-type: none"> An integrated 24/7 service that provides a full range of out of hospital urgent health and social care to support proactive care teams manage patients in the community and avoid hospital admission | <p>Measured using the following success criteria</p> <ul style="list-style-type: none"> All providers achieving upper quartile performance on most quality indicators All organisations within the health economy report a financial surplus in 18/19 Delivery of the system objectives. Improved citizen experience across the system |
| <p>New Secondary Care Specialist care is provided separately for planned and urgent care, by teams that work in the hospital and in the community supporting New Primary Care</p> | <ul style="list-style-type: none"> Ensured that children & adolescents needing Mental Health services are assessed, when urgent within 48 hours and otherwise within 4 weeks and treated in 12 weeks Increased the number of outpatient appointments that are provided in the community not the acute hospital by 15% | <p>Integrated prevention services</p> <ul style="list-style-type: none"> Accessed through a single point of contact to support people live healthy lives | <p>Basing all we do on these values and principles</p> <ul style="list-style-type: none"> Patient focused Providing quality, Improving outcomes |
| <p>Supported by: Shared clinical records, care plans and contracts that support integrated working</p> | <ul style="list-style-type: none"> Reduced the number of urgent hospital admissions by 25%, by providing more care outside hospital in a planned way | | |

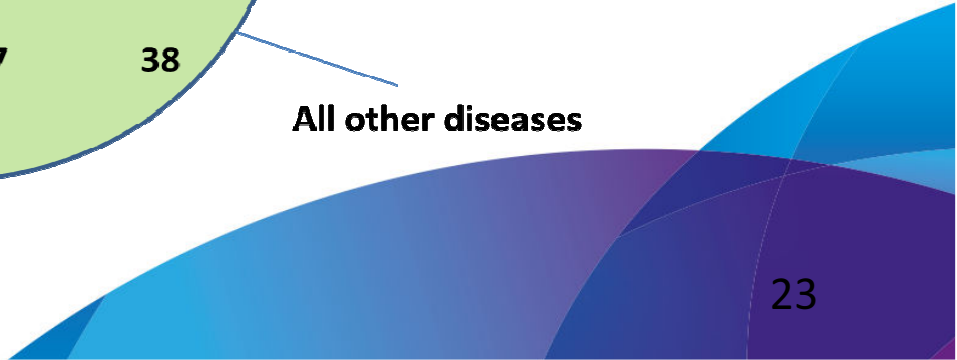
Electoral wards in highest mortality quintiles – West Kent CCG, aged under 75, 2010-2012 (pooled)




Electoral wards¹ in West Kent CCG in the highest mortality quintiles aged under 75, 2010-2012 (pooled), showing commonality of causes



¹ –Numerals on Venn diagram refer to labels on map
Source: PHMF, ONS, KMPHO



Electoral wards in West Kent CCG in the highest mortality quintiles, aged under 75, 2011-2012 (pooled), showing commonality by cause of death

 - ward is in highest mortality quintile for this disease

| Map ID | Ward code | Ward name | Circulatory disease | Cancer | All other diseases |
|--------|-----------|---------------------------------------|---------------------|--------|--------------------|
| 1 | 29UHC | Park Wood | | | |
| 2 | 29UPJF | Snodland West | | | |
| 3 | 29UPJD | Medway | | | |
| 4 | 29UQGU | Southborough and High Brooms | | | |
| 5 | 29UQGR | St James' | | | |
| 6 | 29UPJE | Snodland East | | | |
| 7 | 29UQGN | Park | | | |
| 8 | 29UPHM | Burham, Eccles and Wouldham | | | |
| 9 | 29UHGR | Fant | | | |
| 10 | 29UHGL | Bridge | | | |
| 11 | 29UPJH | Vauxhall | | | |
| 12 | 29UPHQ | Ditton | | | |
| 13 | 29UHHE | Shepway South | | | |
| 14 | 29UPJG | Trench | | | |
| 15 | 29UHGW | High Street | | | |
| 16 | 29UHJ | Boughton Monchelsea and Chart Sutton | | | |
| 17 | 29UQQQ | Rusthall | | | |
| 18 | 29UHGY | Loose | | | |
| 19 | 29UKGM | Cowden and Hever | | | |
| 20 | 29UQ GK | Paddock Wood East | | | |
| 21 | 29UQGT | Sherwood | | | |
| 22 | 29UH HH | Sutton Valence and Langley | | | |
| 23 | 29UH GZ | Marden and Yalding | | | |
| 24 | 29UKGW | Halstead, Knockholt and Badgers Mount | | | |
| 25 | 29UPHJ | Aylesford | | | |
| 26 | 29UPHY | Ightham | | | |
| 27 | 29UPJC | Larkfield South | | | |
| 28 | 29UKHE | Sevenoaks Eastern | | | |
| 29 | 29UHGN | Detling and Thurnham | | | |
| 30 | 29UHGS | Harrietsham and Lenham | | | |
| 31 | 29UPJL | Wrotham | | | |
| 32 | 29UPHS | East Malling | | | |
| 33 | 29UHGU | Heath | | | |
| 34 | 29UKHG | Sevenoaks Northern | | | |
| 35 | 29UHGX | Leeds | | | |
| 36 | 29UPHZ | Judd | | | |
| 37 | 29UQGE | Capel | | | |
| 38 | 29UKHM | Westerham and Crockham Hill | | | |

Source: PHMF, ONS, KMPHO

Collective Challenge

| | CIRCULATORY | RESPIRATORY | CANCER | LEAD RESPONSIBILITY |
|---|-------------|-------------|--------|---|
| Smoking | ✓ | ✓ | ✓ | Public Health |
| Health Checks | ✓ | | | Public Health |
| Obesity Management | ✓ | | | Public Health |
| Diet | ✓ | | | |
| Weight Management | | | ✓ | |
| Sports and Leisure | ✓ | | | District Councils |
| Alcohol control | ✓ | ✓ | ✓ | Community Safety Partnership |
| Air Quality Management | ✓ | ✓ | ✓ | District Councils |
| Industrial / Occupational Hazards | | ✓ | | (Local Employers) |
| Housing / heating & damp | | ✓ | | Housing Associations/District Councils |
| Excess winter deaths | | ✓ | | |
| Primary Care input | ✓ | | | NHS England Kent & Medway Local Area Team |
| Management of AF & CHD | ✓ | | | NHS England Kent & Medway Local Area Team |
| Diabetes | ✓ | | | Health (various providers) |
| Thrombosis | ✓ | | | |
| Cardiac Medical procedures (PPCI/STEM1) | ✓ | | | |
| Cardiac Rehab | ✓ | | | |
| Medicines Management issues | ✓ | | | |
| Finding the unknown 'closing the gap' | ✓ | ✓ | | |
| Primary Care input to optimise management | | ✓ | | |
| Pulmonary Rehab | | ✓ | | |
| Hidden circulatory problems | | ✓ | | |
| Asthma diagnosis & management especially children | | ✓ | | |
| Practice prevalence of smokers | | ✓ | | |
| Use of services to mortality | | ✓ | | |
| Screening - breast/cervical/bowel | | | ✓ | |
| Early diagnosis | | | ✓ | |
| 2/52 referrals | | | ✓ | |
| Reducing variation in optimal therapy | | | ✓ | |

Planning Timetable

| | SCP | BCF |
|------------------|---|------------------------------|
| 14 February 2014 | 1 st submission of plans | 1st Draft |
| 28 February 2014 | Contracts signed off | |
| 4 March 2014 | Refresh of plans post contract sign off | |
| 5 March 2014 | Reconciliation process begins with NHS TDA and Monitor | |
| 18 March 2014 | West Kent Health & Well Being Board | |
| 25 March 2014 | Governing Body sign of plans | |
| 26 March 2014 | Kent Health & Well Being Board | |
| 4 April 2014 | Submission of final 2 year plan and draft 5 year | Submission of final proposal |
| 20 June 2014 | Submission of 5 year strategic plan (years 1 & 2 will be fixed as per 4 April submission) | |

NHS England will work closely with Monitor, NHS Trust Development Authority and Health Education England throughout this process to provide feedback to CCGs and providers and to ensure alignment and deliverability. This will be an iterative process as providers respond to commissioner plans.