Planning for Tomorrow, Delivering Today

Operating Plan 2015/16

Executive Summary

A PICTURE OF HEALTH

NHS Ashford Clinical Commissioning Group

NHS Canterbury and Coastal Clinical Commissioning Group

In October 2014, NHS England published "Five Year Forward View" (5YFV), which set out their vision for services over the coming five years. This highlighted that the divide between primary care, community services, hospitals, social care and mental health services are increasingly a barrier to the personalised and coordinated health services patients need.

5YFV identifies that, in order to meet patients' needs and expectations, we need to dissolve these traditional boundaries. Long term conditions are now the central focus of the NHS commissioners; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. As a result there is now quite wide consensus on the direction we will be taking:

•Increasingly we need to manage systems – networks of care – not just organisations.
•Out-of-hospital care needs to become a much larger part of what the NHS does.
•Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.
•We should learn much faster from the best examples, not just from within the UK but internationally.
•And as we introduce them, we need to evaluate new care models to establish which produce the best experience for patients and the best value for money.

Community Networks

Both NHS Ashford CCG and Canterbury and Coastal CCG are in a good position to deliver against these expectations. Our five year strategic vision, which was published in 2014, clearly sets out our intention to transform our services towards a more community centric approach through our Community Networks approach.

Multispecialty Community Providers

5YFV also reflects on provider models, specifically looking at our primary care services. Locally, we are currently developing our strategy for Primary Care which reflects this challenge. The past few months has seen our GPs meeting this challenge head on, and in February 2015, our members submitted four separate bids to NSH England's "Forerunner" programme to become part of the first wave of this significant change to care models. Each of these bids identifies how practices could work as wider groups (in line with our Community Networks programme) and potentially employ consultants, or take them on as partners, and a wider range of health professionals to work alongside existing primary care, community nurses, therapists, pharmacists, psychologists, social workers, and other staff. These practices would shift the majority of outpatient consultations and ambulatory care out of hospital settings.

Our Strategic Plan on a Page

"Improve the health and wellbeing of local people by working in partnership with local communities to create a sustainable health care system, integrating hospitals, GPs, social care and community services including the voluntary sector."

- Securing additional years of life for the people with treatable mental and physical health conditions.
- Improving the health related quality of life of 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 with mental and physical health conditions having a positive experience of hospital care.
- Increasing the number of people 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.
- Ensuring a sustainable financial future and good governance
- Effective stakeholder engagement, public engagement and partnership working.

Primary Care	**We will see practices working together in collaboration with each other and secondary care, embedding integrated community health and social care teams within day to day practice, offering improved access, and acting as the central hub for a wider range of services while maintaining the values and continuity of traditional GP services.**
Community Networks	Primary and community care services working closer together, along with voluntary organisations and other independent sector organisations.
Mental Health	We will improve the life expectancy and the physical health of those with severe mental illness, and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities
Urgent Care	We want care that crosses the boundaries between primary, community, hospital and social care.
Maternity, Children and Young People	We will ensure that vertical and horizontal integration of all paediatric services, including health, social and voluntary sectors, to reduce inequalities in care, narrow the gaps, avoid duplication and reduce clinical variation
Planned Care	We will ensure appropriate referral to the right clinician, according to patient choice in line with national access standards. Patients will see the correct person first time, will investigations carried out on the same day reducing the number of attendances.

Governance

- Governing Body and supporting committee structure
- Kent Health and Wellbeing Board
- Canterbury and Coastal Health and Wellbeing Board with supporting sub-group structure
- Whole Systems Delivery Board
- Public Reference Group
- Programme Boards for Urgent and Planned Care
- Programme Management Office

Success Criteria

- Delivery of improvements against NHS Operating Framework Domains
- Achievement of financial stability and balance
- People are supported to live in their own homes or communities.
- We will see less acute admissions and reduced length of stay.
- Carers are be supported and have access to services as appropriate.
- We will have systematised self-care so that *people can to manage* their own health and social care needs

High Level Risks

- Ensuring that we have a workforce with skills to deliver integrated care.
- Ability of providers to respond to competing priorities
- Maintaining quality and safety during period of service transformation
- Achievement of financial balance
- Public support for change programme

Safeguarding

Maintaining a focus on safeguarding for the most vulnerable groups is a priority concern for the CCGs and we will continue work in partnership with all stakeholders to ensure statutory responsibilities are undertaken as effectively as possible. In particular:

- To host designated safeguarding leads for both adult and child within the CCG with direct access to the chief nurse to share and escalate concerns.
- Quality In Care homes project
- To host CAF (Common Assessment Framework) completed by health Services on behalf of vulnerable children and families.
- Learning disabled residents care and placements are reviewed in response to the Winterbourne View Findings.
- Chief Nurse ensures the CCG has a designated representative to the Safeguarding Adults Board and Health Safeguarding Group (a Sub group of Kent Safeguarding Children Board)
- Designated doctor for safeguarding children and a designated paediatrician for unexpected deaths in childhood provide CCG advice and support
- Assurance in place for providers meeting safeguarding child and adult training.

We will continue to work closely with our local authority partners to continually improve the safeguarding of children and vulnerable adults and to continue to be active members of the local safeguarding boards to maximise opportunities for greater coordination and integration of adult and children's safeguarding arrangements

Care Quality Commission

Across east Kent we pride ourselves on commissioning and providing excellent care for our patients. When we fail to live up to our own high standards, we look to rectify the position. During 2014-15, local providers have been assessed by the CQC and as a consequence have introduced actions plans to address shortfalls in performance.

East Kent Hospitals

The action plan resulting from the inspection is focussed on recruitment and retention of clinical staff, ensuring policies are up-to-date and communicated widely with staff, that the environment and equipment used for treatment is maintained to a high standard, waiting times for treatment are reduced and that reporting structures for incidents and risks are refined.

Kent Community Health

The action plan resulting from the inspection is focussed on end of life care, children's services, recruitment and staff retention, care planning and that the environment and equipment used for treatment is maintained to a high standard.

We continue to monitor progress against both of these action pans.

Management of Serious Incidents (SI) and Never Events

All Serious Incidents and never events are reviewed and discussed by the quality committee.

The CN together with the Quality Lead monitor these alerts and ensures the providers act accordingly to review and understand the root causes of the SI and ensure that action plans are in place to minimise recurrence.

We will encourage a culture of transparency, openness and candour across the health system, to ensure that staff, patients and carers feel safe and secure when raising concerns and that we learn from patient safety incidents and 'never events' to prevent them from happening again.

Healthcare Associated Infections

We will continue to reduce the number of Health Care Associated Infections (HCAIs) through the implementation of local action plans and we remain committed to a zero tolerance approach. We will employ expert resource in this field to bridge the gap between primary and secondary care and ensure that learning can be embedded throughout the health and social care sector.

The priorities set out in our 2014/15 operational plan were developed in consultation with local residents and informed by Kent County Council's Joint Strategic Needs Assessment (JSNA), the local health and wellbeing strategy and national policy. Each priority was led by a GP Clinical Lead and supported by a team of commissioning staff. Patient and public views were incorporated in both the setting of these priorities and as the work programme emerged which ensured that a patient and clinical perspective was at the core of every discussion and decision.

Commissioning Projects

During 2014/15 we have focussed on ensuring that we have the correct processes and governance in place to deliver against our stated plans. Our commissioning projects were designed to put the foundations in place, allowing for stabilisation during 2015/16 and significant transformational change during 2016/17, supporting people to look after themselves within their local community.

To this end a number of projects have been delivered during the first year of our plan. Examples of these are:

Long Term Conditions

Community Networks have been set up, we have increased our dementia diagnosis rates, our care homes projects have led to a reduction in urgent care attendances and admissions

Mental Health

Primary Care base mental health workers are now in place, supporting individuals within their community and we have made significant progress in increasing recovery rates with our IAPT services whilst also reducing waiting times.

Urgent Care

Whilst we underachieved against our constitution standards, we have been building the capacity for the future. Our new integrated discharge teams ensure that patients do not face delays in having care packages in place for their timly discharge following inpatient care. Our Local Referral Unit ensures that patients are offered support within their own homes instead of requiring admission to hospital and we have also trialled weekend opening for general practices across both CCGs.

Financial Successes

Both CCGs achieved a small underspend against our allowed budget for administration and management costs. This allowance is a reduction from previous Primary Care Trust limits In accordance with the "Better Payment Practice Code", the CCG exceeded the target of paying 95% of its invoices within 30 days.

The NHS Constitution identifies a range of standards to which patients are entitled and which we are committed to deliver. We underachieved against four of our key constitutional responsibilities and have therefore put in place a serious of measures to correct this position. Our assumption is therefore that we will be fully compliant with these standards from Q1 of 2015*/16, demand management schemes are in plan and no additional funding is required other than that already set out within our activity and financial plans.

A&E

There is a good understanding of the issues and detailed plans which show compliance for Q4 of 2014/15. We have used our resilience funding to help achieve this and, in January 2015, we implemented a 'Perfect Week' exercise, supported by the across the health economy.

Diagnostic

There is a good understanding of the issues which are predominately associated with the workforce now resolved. Our plans demonstrate compliance from November 2014. This plan also supports the compliance of the Cancer standards.

Cancer

There is a good understanding of the issues that have caused the deterioration in the performance and detailed plans set out for both the Trust to deliver and CCGs to support through joint clinical engagement on capacity reviews, patient pathways and referral processes.

18-wk Waits (RTT)

There is a good understanding of the general cause of the dip in performance. It is recognised that to sustain this longer term compliance with the RTT standard, a comprehensive, expert external review is required to better understand increasing demands (especially in Orthopaedics) and commission appropriate capacity going forward from 1 April 2015. This has now been jointly commissioned. The plan currently shows non-compliance throughout Q4 in order for us to treat those in backlog as a priority and enable compliance from 1 April 2015.

Governance

To ensure the ongoing maintenance we have revised our governance structures across the health economy. We have refined our contractual and performance monitoring arrangements and it has been agreed by all local NHS organisations and Kent County Council that the system resilience is maintained though the East Kent Program Delivery Board. This is a Board consisting of all major local NHS provider CEOs, AOs and clinical chairs of all four CCGs, Kent Director of social care and chaired by Kent County Cllr Roger Gough. This is a system level leadership board consisting of those with the ability to commit resources.

The CCGs received a reduced allocation from the autumn statement, 1.4%, with growth per capita below 1% and one of the lowest in the country. In 2015/16 the main challenge and risk concerns delivery of planned benefits from Quality, Innovation, Productivity and Prevention (QIPP) schemes.

NHS Ashford CCG

The plan balances in year, maintaining the 2014/15 surplus. However, it does not return the CCG to a 1% surplus within 15/16. A recovery plan has been submitted to NHS England in line with planning guidance. The plan details the actions being taken to address the longer term financial position of the CCG utilising the Right Care approach to deliver value in commissioning.

NHS Canterbury and Coastal CCG

The plan delivers a 1% surplus, but assumes return of surplus from 2014/15 to fund some non recurrent investments in Mental Health, Community networks (MCP development) and the Right Care program.

Activity

The contract with the main acute provider is being planned at the previous years contract and out turn level as appropriate, the CCGs have implemented referral management services and non elective changes that will maintain the activity at these levels. The QIPP reflects the work to maintain activity on or around the 2014/15 out turn, a number of schemes to reduce cost in pass through payments and reductions in activity in some services. The main activity reductions are within urgent care, with an expected reduction of between 2-5 admissions per site per day.

QIPP

Through revision of the planning and contract discussions with providers the QIPP target has been reduced to 2% for Canterbury and 3.1% for Ashford. This is still a significant challenge but is more in line with other CCGs planned savings. The majority of the QIPP is extensions of schemes that have started in the later quarter of 2014/15, such as the orthopaedics referral and triage scheme, however both CCGs require savings above those currently agreed. In total these two elements deliver the vast majority of the required QIPP (Commissioning for Value Schemes).

Mental Health

Mental Health contract with KMPT is being increase through further investment in additional bed capacity and the rebasing of the contract from fair shares. In addition the joint management of CHC patients is expected to increase the contract whilst generating overall savings to the health economy.

Winter Resilience Funding

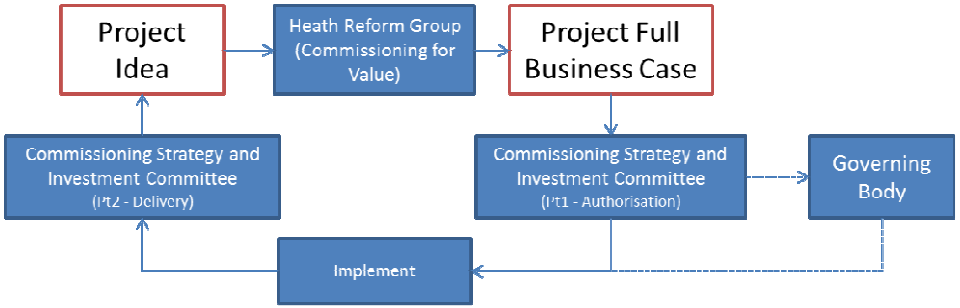
The winter resilience funding has been in held in reserve pending the outcome of the whole system review of the 2014/15 schemes for effectivity and value for money. When these have been ranked and agreed the most effective schemes will be implemented and funded.
The next tranche relates, particularly with EKHUFT, to jointly developed and agreed intentions..

Better Care Fund (BCF)

The BCF is being finalised with KCC and whilst the level of integration could be greater, KCC are integral partners in the community networks and the governance structures within the section 75 have been operating for the last year.

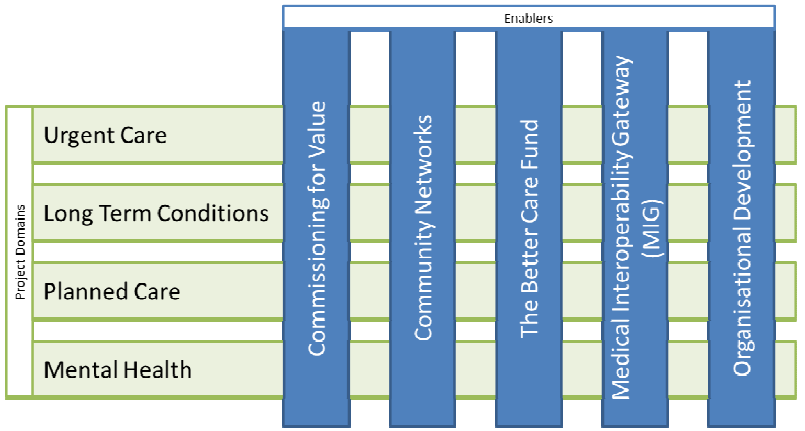
To ensure that the CCG remains focused on delivery of its plans throughout 2015/16 we have implemented the following tracking mechanisms.

•Initial project ideas to be tested against Commissioning for Value methodology
•Full Business Cases to be considered by Commissioning Strategy and Investment Committee, who will set review criteria at point of project authorisation
•Project progress to be reviewed by Commissioning Strategy and Investment Committee, in accordance with criteria previously set out
•Ongoing performance against plans , and lessons learned, used to generate new project ideas



The CCGs have recognised that in previous years we have attempted to effect change across too many fronts and have subsequently not have sufficient capacity to deliver the goals we have set ourselves.

Consequently, for 2015/16 we are focussing across a reduced number of projects in a matrix working approach. We will have five enabling projects addressing priority needs in four separate domains, as set out in the graphic



Draft Timelines

	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Urgent Care														
– Integrated Urgent Care Centre														
– Seven Day Primary Care														
– Achieving A&E Waits														
– Faversham MIU														
Planned Care														
– Achieveing RTT (MSK)														
– Personal Decision Aids														
– Cancer Waits														
Mental Health														
– Care Programme Approach														
– Achieving Partity of Esteem														
Long Term Conditions														
– Cardiology														
– Chronic Kidney Disease														
– Neurology														
– End of Life Care														
– Dementia														
– Reducing Community Nursing Demand														
Ongoing Projects														
– Diabetes														
– Falls Prevention and Treatment														
– Care Homes Support														
– Community Loan Store														
– Community DVT Service														
– Anti-Coagulation Service														

☆ Health Reform Group
☆ CSIC
☆ Implementation Commences
☆ First Review