



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 relate 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

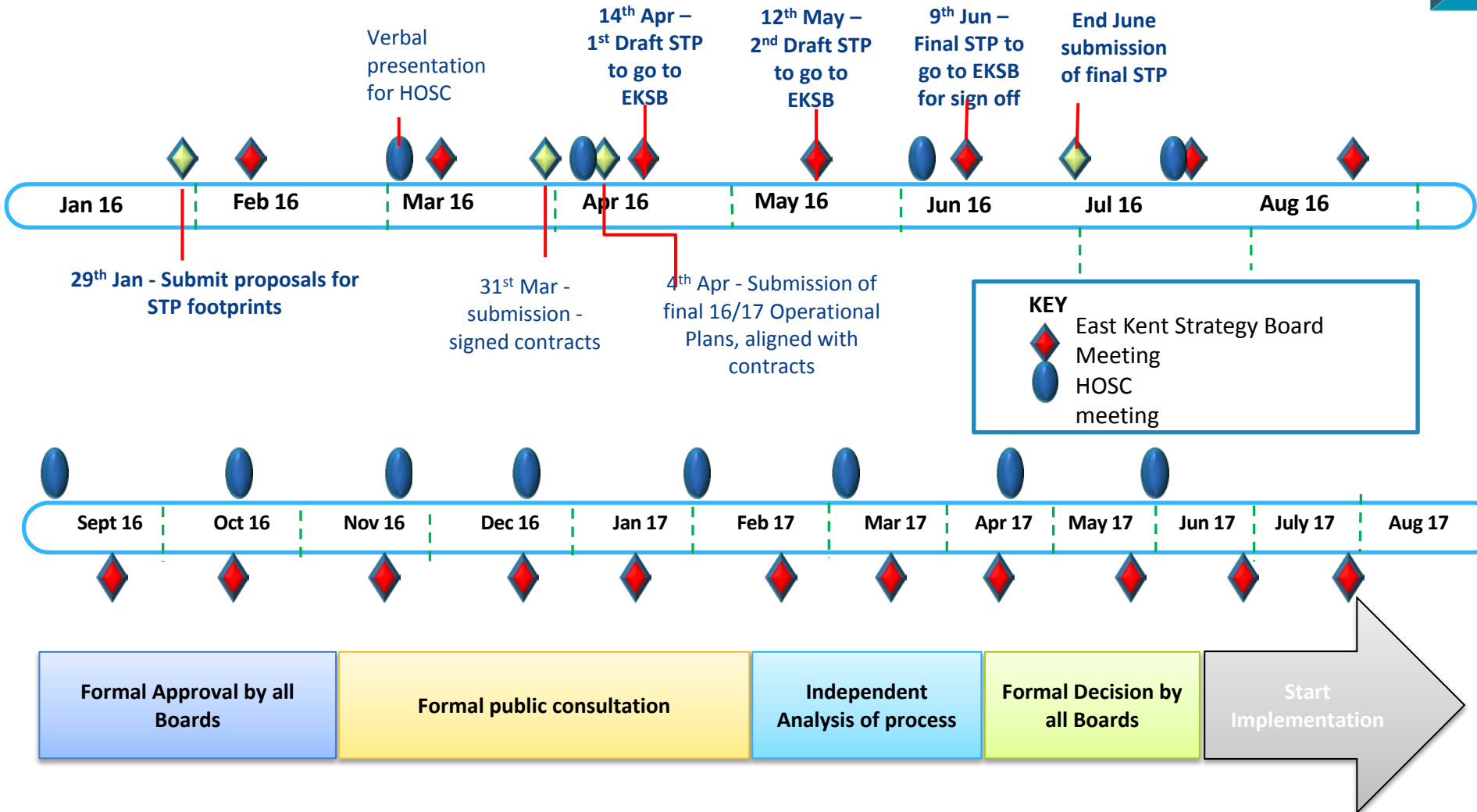
What does the future look like?

Out of hospital integrated health and care services:

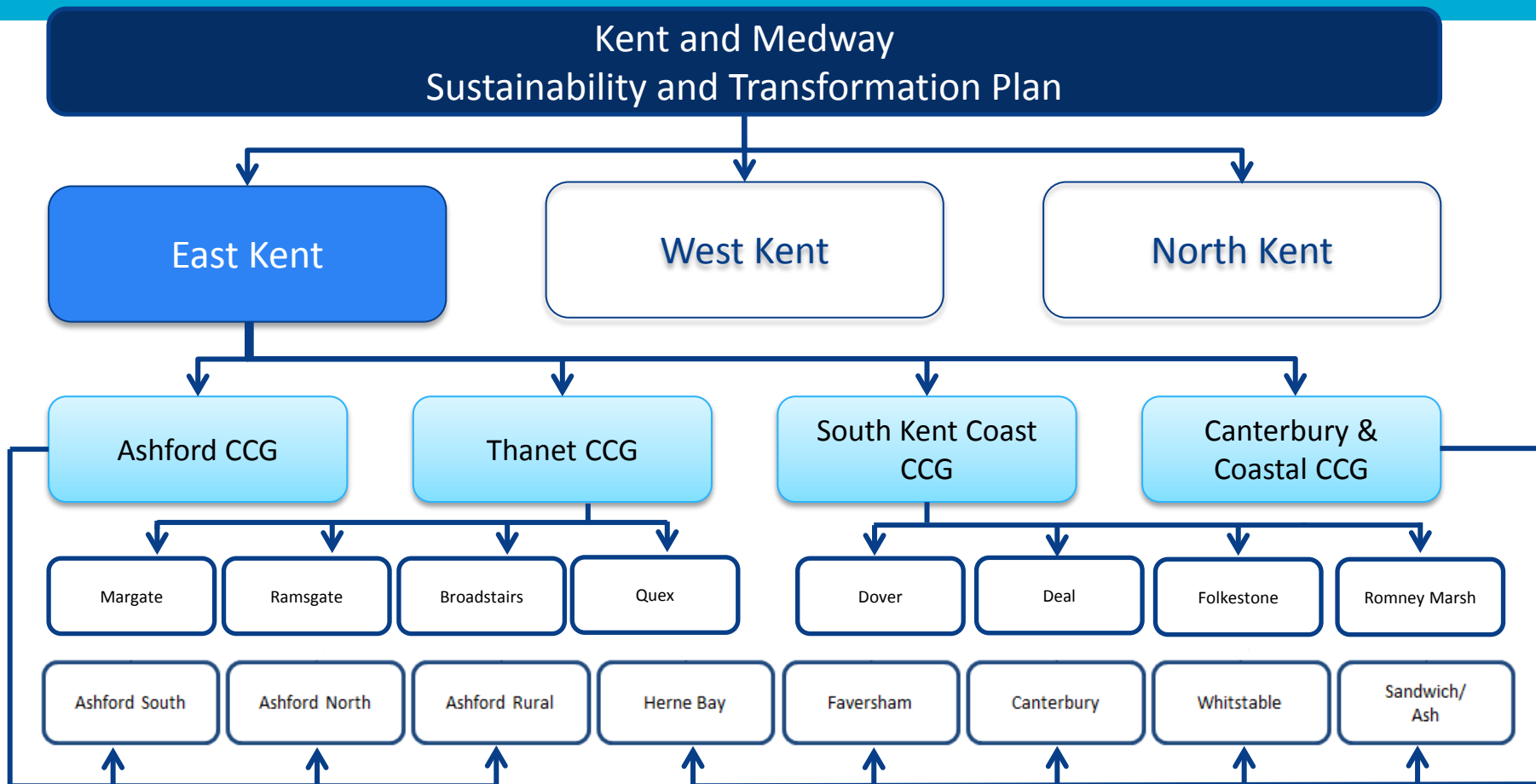
- List based, grounded in primary care
- Maximum scope for the team around the patient GP
- Social Services, Voluntary Sector and NHS working together
- Secondary care (physical and mental health) support to primary care out of hospital as far as possible
- Safer, more specialist, secondary care services, 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