



NHS Swale CCG

AOP and STP

26th February 2016

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





The diagram shows a large blue oval representing the 'Kent & Medway Footprint'. Inside this oval are two smaller blue ovals representing sub-footprints: 'DGS/Swale sub-footprint' on the left and 'Swale / Medway acute sub-footprint' on the right. Below these sub-footprints, within the main oval, are the labels 'Kent & Medway Footprint' and a bulleted list of services.

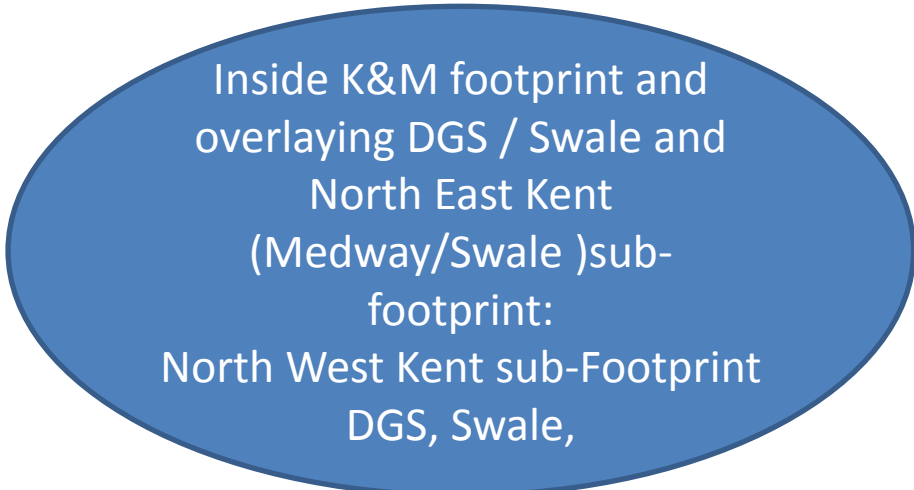
DGS/Swale sub-footprint

Swale / Medway acute sub-footprint

Kent & Medway Footprint

- Strategic acute footprint
- Stroke services/Vasc
- Cancer Services

North Kent Footprint for STP



The diagram shows a large blue oval representing the 'North Kent Footprint for STP'. Inside this oval is the text describing the footprint's location and sub-footprints.

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

North West Kent sub-Footprint
DGS, Swale,

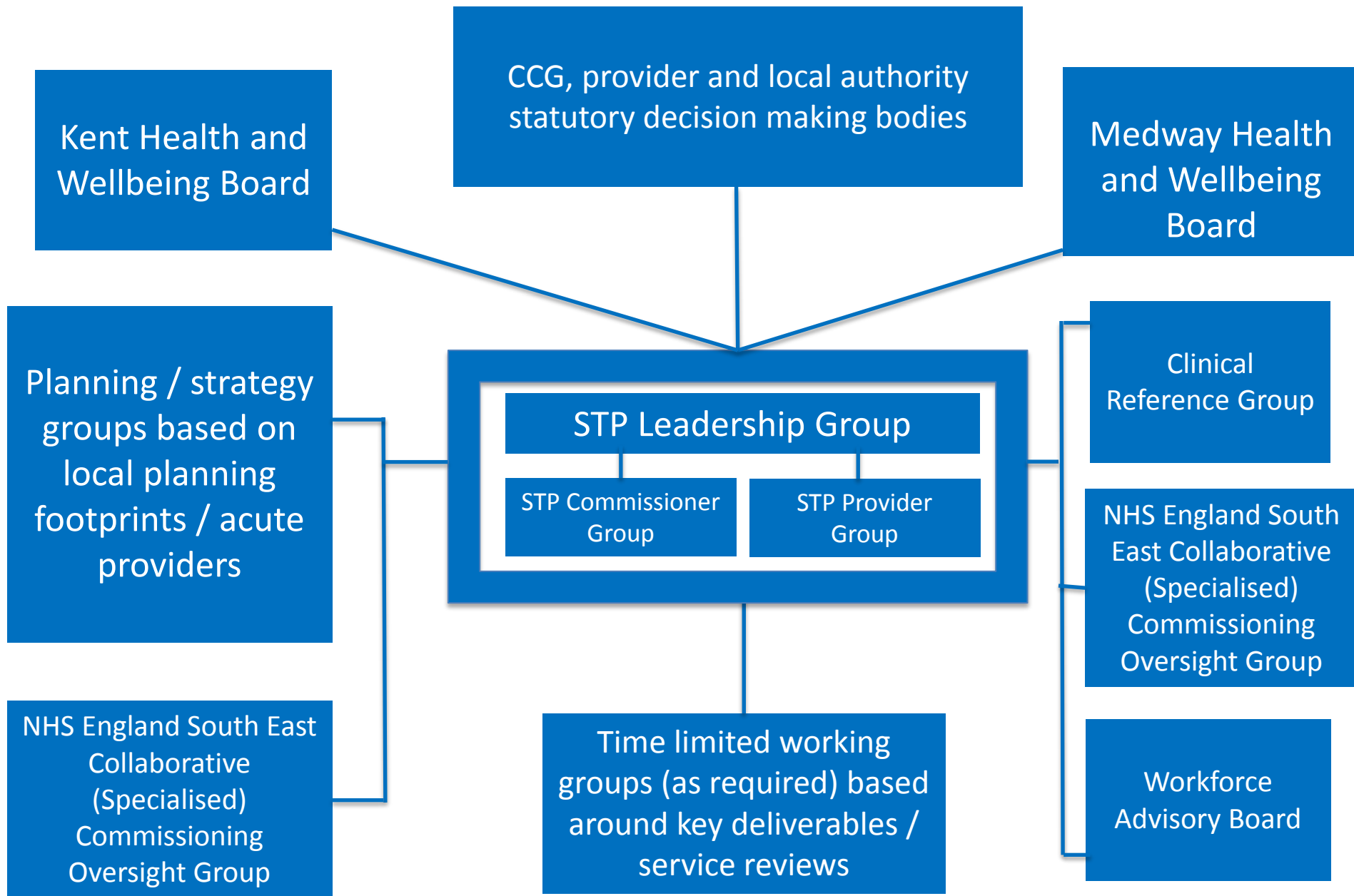
Rationale for the emerging Footprint

- 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.





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

- 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 AOP 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

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.

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
HI 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

