



Dartford, Gravesham and Swanley
Clinical Commissioning Group

DGS CCG STP and AOP

23rd February 2016

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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

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

Inside K&M footprint and
overlying 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
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Top Priorities AOP 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)

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

Key Priorities for longer term sustainability

- Primary Care development, 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)
- Improving access to urgent and emergency services' pathways.
- 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 Darent 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
- Mental Health (adults and children)
- Learning Disabilities
- Older people – expand current arrangements
- Co-commissioning/Delegated commissioning
- Primary Care Strategy and Estate Strategy 12

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