

Kent Health Overview and Scrutiny Committee Briefing: Annual assessment 2015/16 of Kent CCGs

January 2017

Background

The assurance framework for 2015/16 assessed CCGs against five components set out in the CCG assurance framework.

For each component, CCGs were assessed in four categories: outstanding, good, requires improvement and inadequate.

CCGs were then given an overall headline assessment, based on their ratings in the five components of assurance.

An overall rating of **outstanding** means that at least one of the five components is outstanding and all others are good.

Good means that all components are good or at least four components are rated as good (or good and outstanding) and one component is rated requires improvement, unless requires improvement is in the finance, planning or well led component

Requires improvement applies if four components are rated as good (or good and outstanding) and the finance, planning or well led components are assessed as requires improvement or inadequate. Or, there is more than one requires improvement component rating and no more than one component is assessed as inadequate.

A CCG is **inadequate** overall if more than one component is rated as inadequate and it already has directions (under section 14.z.21 of the NHS Act 2006, as amended) in force.

Kent CCG ratings

Nationally, 10 CCGs were rated 'outstanding', a further 82 'good' and 91 were found to 'require improvement'.

In Kent the headline rating for each of the CCGs were as follows:

CCG	Headline rating
NHS Ashford CCG	Requires improvement
NHS Canterbury and Coastal CCG	Requires improvement
NHS Dartford, Gravesham and Swanley CCG	Requires improvement
NHS South Kent Coast CCG	Requires improvement
NHS Swale CCG	Good
NHS Thanet CCG	Requires improvement
NHS West Kent CCG	Good

A more detailed summary of ratings for Kent and Medway CCGs is included in Appendix 1

CCG improvement plans

All CCGs have improvement plans in place and progress against these plans is summarised below:

CCG	Key actions (September 2016)	Progress to January 2017
NHS Ashford CCG NHS Canterbury and Coastal CCG NHS South Kent Coast CCG NHS Thanet CCG	<ul style="list-style-type: none"> Address the entrenched poor performance against the A&E standard, the national referral-to-treatment standard and the national cancer standards in the East Kent system 	<p>The four east Kent CCGs are working collectively to improve performance across the health economy and have an improvement plan in place.</p> <p>For progress on A&E see Appendix 2.</p> <p>For progress on cancer see Appendix 3.</p> <p>For progress on referral-to-treatment see Appendix 4.</p>
NHS Ashford CCG NHS Canterbury and Coastal CCG NHS South Kent Coast CCG NHS Thanet CCG	<ul style="list-style-type: none"> Deliver the new Early Intervention in Psychosis standards 	<p>The four east Kent CCGs are working collectively to deliver the new Early Intervention in Psychosis standards.</p> <p>For progress see Appendix 5</p>
NHS Ashford CCG NHS Canterbury and Coastal CCG	<ul style="list-style-type: none"> Develop a robust primary care development and transformation strategy that supports wider system strategies such as the Sustainability and Transformation Plan (STP) 	<p>A robust strategy is in place for both CCGs that supports wider transformation.</p> <p>Both CCGs are also developing primary care operational plans which are due to be finalised by the end of February 2017.</p>

<p>NHS Ashford CCG</p>	<ul style="list-style-type: none"> Stabilise and improve the financial position such that NHS Ashford CCG delivers the required one per cent surplus in 2017/18 that business rules require 	<p>The CCG has submitted a financial recovery plan which has been approved by NHS England. However, owing to support for both the acute sector and social care to manage winter pressures, plans to reduce elective waiting times and transformation costs, the CCG is forecasting a financial deficit for 2016/17.</p>
<p>NHS Dartford, Gravesham and Swanley CCG</p>	<ul style="list-style-type: none"> Continue to work with our service providers to achieve key performance standards as set by the NHS Constitution Work with service providers, GP members and our partners to deliver future financial sustainability. Continue to make changes and improvements to ensure our assurance ratings improve year on year 	<ul style="list-style-type: none"> At the time of reporting the local acute provider is achieving the majority of NHS Constitution targets. However, A&E remains a significant challenge across all Kent & Medway providers and other risks remain, particularly around ambulance response rates. The CCG is forecasting a financial deficit for 2016/17. This is largely due to the over-performance of the CCG's providers and underfunding of allocations, both based on significant population growth. We are working with GP Members and wider clinical partners to develop new local models of care to deliver effective, sustainable services.
<p>NHS Swale CCG</p>	<ul style="list-style-type: none"> Continue to work with our service providers to achieve key performance 	<ul style="list-style-type: none"> At the time of reporting the local acute provider is achieving some NHS

	<p>standards as set by the NHS Constitution.</p> <ul style="list-style-type: none"> • Work with service providers, GP members and our partners to deliver future financial sustainability. • Continue to work hard in all areas of assessment to improve our rating further 	<p>Constitution targets and trajectories agreed with NHS England. However, A&E, Cancer and elective access remains a challenge. In addition, other risks remain particularly around ambulance response rates.</p> <ul style="list-style-type: none"> • We are working with service providers, GP members and our partners to deliver future financial sustainability - the CCG is currently forecasting non-achievement of mandatory targets in 2016/17 with a return to full delivery in 2017/18. • We are working with GP member practices and wider clinical partners to develop new local models of care to deliver effective, sustainable services.
<p>NHS Thanet CCG</p>	<ul style="list-style-type: none"> • Develop a robust primary care development and transformation strategy that supports wider system strategies such as the Sustainability and Transformation Plan (STP). • Stabilise and improve the financial position such that NHS Thanet CCG delivers the required one per cent surplus in 2017/18 that business rules 	<ul style="list-style-type: none"> • Our Primary Care Strategy was approved by the CCG Governing Body in December 2016. Resilience and Transformation Plans underpinning this as well as the General Practice Forward View and Sustainability and transformation Plan (STP) are in place and awaiting NHS England sign off. • The CCG has negotiated contracts for 2017-19 that will encourage transformation to be driven through with cost savings as one of the outcomes. In

	<p>require</p>	<p>addition, the operational plan includes projects that are designed to review and improve productivity and ensure better value for money. Regular monitoring on a monthly basis will keep deliverables on track throughout the year.</p>
<p>NHS West Kent CCG</p>	<ul style="list-style-type: none"> • Work with providers to improve performance on constitutional standards, in particular on A&E waiting times • Deliver the national standard on dementia diagnosis rates 	<p>Significant challenge to deliver across all of Kent and Medway and nationally, mainly due to delayed discharges / transfers of care.</p> <p>There is a robust plan in place to address these issues, based on national guidance and best practice, including revised discharge pathways.</p> <p>The national standard requires the CCG to have identified 66.67 per cent of the expected prevalence. Current performance (December 2016) is 60.7 per cent, which equates to approximately another 400 diagnoses to achieve the standard.</p> <p>The CCG has an action plan in place to identify those patients, which includes improving data accuracy and provider incentives to reduce the time between referral and diagnosis.</p>



Appendix 1 Kent CCG ratings in full

CCG	Headline rating	Well led	Delegated functions	Finance	Performance	Planning
NHS Ashford CCG	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
NHS Canterbury and Coastal CCG	Requires improvement	Requires improvement	Good	Good	Requires improvement	Good
NHS Dartford, Gravesham and Swanley CCG	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
NHS South Kent Coast CCG	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Good
NHS Swale CCG	Good	Good	Good	Good	Requires improvement	Good
NHS Thanet CCG	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Good
NHS West Kent CCG	Good	Good	Good	Good	Requires improvement	Good

Appendix 2: Progress on East Kent A&E Improvement Plan

The four CCGs in east Kent are working collectively to improve performance across the health economy.

- A&E Delivery Board established.
- Revised A&E Delivery Board improvement plan developed.
- Held an East Kent Discharge Summit in November with clear outputs reporting progress to the monthly A&E Delivery board.
- Kent and Canterbury Hospital has GP provision within the urgent care pathway for 24 hour period working to agreed streaming criteria and where appropriate patients are seeing GPs. Full evaluation published.
- CCGs are working with local GPs and East Kent Hospitals University Foundation Trust (EKHUFT) towards implementing a GP service in A&E at the William Harvey Hospital.
- GP out of Hours Service is co-located with and supports urgent care departments between 6.30pm and 8am and 24 hours during weekend and bank holidays on all three hospital sites.
- Patients are directed from 111 or through urgent care teams.
- Thanet CCG has implemented a GP led integrated Acute Response Team (ART) at QEQM, supported by community, social care and voluntary sector teams. The team are based within the A&E department 10am to 6pm daily to reduce A&E attendances and admissions. In addition at QEQM partial implementation of streaming and frailty model to the Acute Response Team Monday to Friday 9am-5pm.
- Robust arrangements to recruitment to all posts.
- QEQM- Additional consultant is supporting weekends.
- Twice daily consultant board rounds across all three sites.
- CEO / AO communication re ED daily.
- CEO/ COO/ Med Director/ Chief nurse supporting the sites daily.
- Super Discharge week implemented 12 – 20 December across east Kent within acute and community hospital. A&E delivery board will receive feedback at its meeting in January.

Daily whole system conference calls have been held since 21 December and remain in place throughout January.

Appendix 3: Progress on East Kent Cancer Improvement Plan

EKHUFT is currently non-compliant with the 62 day treatment cancer standard (85 per cent of patients must receive their first definitive treatment within 62 days of referral). Performance against the standard, as at December 2016, was 75 per cent (equating to 41 breaches across east Kent).

The CCGs have an improvement plan in place with EKHUFT and progress against the plan is monitored on a monthly basis as part of a contractual management process and demonstrates a clear joint commitment across all organisations to improve performance and achieve the standard.

The process is clinically led by the EKHUFT Cancer Consultant lead and local CCG GP leads. The reasons for non-compliance against the target are complex and vary across cancer pathways (tumour sites) but include the following:

- Access to diagnostic tests (such as such as Endoscopy and Hysteroscopy) within a timescale that will support delivery of the pathway. This is largely due to demand and capacity for tests early enough in the patient's pathway (also affected by the ability to recruit skilled workforce).
- Clinicians to ensure that patients with complex morbidity are reviewed throughout the pathway, essentially ensuring that the patient does not wait longer than 62 days.
- Patient choice – where patients choose to delay their diagnostic tests or first treatment because of personal reasons such as family commitments, pre-booked holidays etc.

The Improvement plan covers a range of areas where we intend to address the issues causing non-compliance, for example:

- Improved internal EKHUFT processes for the management of diagnostic capacity and prioritisation of cancer patients.
- A Kent and Medway bid for national cancer transformation funds to improve access to diagnostics tests across the county (submitted 18 January 2017).
- Improved tumour site specific action plans which set clear milestones for delivery and improvement.
- Training and education for GPs in relation to early diagnosis and referral pathways (successful event held on 14 January 2017 attended by 160 local GPs).

Patient education – ensuring that patients understand that they are being referred to hospital on a rapid access pathway to eliminate the possibility that they may have cancer ; and therefore the importance of accepting early appointments for consultations, tests and treatments.

Appendix 4: Progress on East Kent Referral to Treatment Standard Improvement Plan

- As with the Cancer standard the EK CCGs work collaboratively to improve performance against the referral to treatment standard (92 per cent of patients should receive their first definitive treatment for planned care within 18 weeks of referral from primary care).
- Currently the standard is not being achieved across EK with performance in December at 82.5 per cent.
- The CCGs and EKHUFT have an improvement plan in place and performance is monitored in a number of contractual performance meetings on a weekly and monthly basis. The CCGs have recruited some short term specialist support from NHS Elect to work with the Trust to deliver an improvement of the position, a stepped reduction in the outstanding backlog of patients (patients waiting over 18 weeks) and develop a sustainable RTT plan for the future.
- Compliance against the standard varies across specialities. Some of the lowest performing specialities against the standard are Trauma and Orthopaedics, General Surgery and Gynaecology.

The reasons for non-compliance also vary across specialities however some common factors are:

- High demand for services which in specialities such as T&O outstrips available clinic and theatre capacity to deliver the pathway within 18 weeks.
- Access to diagnostic tests.
- Maintaining a skilled workforce to deliver treatment pathways.
- Lack of appropriate alternative treatment options in the community.

The improvement plan includes a range of initiatives and projects across primary and secondary care to improve the position, for example:

- Working with local Independent Sector healthcare providers to offer patients waiting for treatment for over 18 weeks the choice to receive NHS treatment in alternative settings (through existing NHS contracts). This has focused on the key specialities mentioned above.
- Implementing referral triage arrangements for Trauma and Orthopaedics to ensure that all alternative treatment options are considered for patients before being referred for hospital treatment.
- Implementing alternative to outpatient initiatives such as an electronic Advice and Guidance service for GPs from Consultants in certain specialities.
- Developing new Local Care models which will see the shift of some outpatient activity in the future to more appropriate local settings.
- Implementing Patient Choice initiatives to ensure that patients are made aware of all of the possible options to them when being referred for secondary care treatment (which providers offer the services locally and the current waiting times).

Appendix 5: Progress on East Kent Early Intervention in Psychosis (EIP) Standard Improvement Plan

- The current performance of the EIP service for east Kent indicates that the referral to treatment (RTT) target of 2 weeks is being met and performance is above target for the service. The provision of NICE compliant treatment by care co-ordinators however is still non-compliant and this is a similar picture across all of the Kent CCGs. KMPT have an agreed training plan in place for the service which has been funded by Health Education England (HEE) and is gradually training and enhancing the current skills of the staff to deliver the NICE compliant treatment, however this will not be completed until October 2017.
- A 'gap analysis' has been carried out which indicates that for the service to be fully accredited and NICE compliant there is a requirement for extra staff, primarily therapists and care co-ordinators, to be recruited, and in recognition of this during the recent contract negotiations with Kent and Medway Partnership Trust (KMPT) the east Kent CCGs have agreed a recurrent growth figure derived from CCG specific forecast population changes of £400k in each of the two contract years which will be invested in agreed SDIP projects; prioritising Early Intervention in Psychosis in 2017-18.
- A business case will be prepared as described above and this will facilitate recruitment to the extra staffing posts required and move the service towards full compliance.
- There continues to be a Kent wide Service Development Improvement (SDIP) Plan in place and regular monitoring meetings are held to oversee progress towards compliance.
- **It is envisaged that if the progress outlined above is maintained the service will be fully compliant by October 2017.**