

# Kent Health Overview and Scrutiny Committee (HOSC) Briefing: Annual assessment 2018/19 of Kent CCGs

January 2020

## 1. Introduction

The CCG annual assessment for 2018/19, carried out by NHS England (NHSE), provides each CCG with a headline assessment against the indicators in the CCG improvement and assessment framework (CCG IAF). The IAF aligns key objectives and priorities as part of delivering the Five Year Forward View.

The CCG IAF for 2018/19 comprises 58 indicators selected to track and assess variation across four domains including Better Health, Better Care, Sustainability and leadership across the Integrated Care System (ICS). See Appendix 1.

CCGs are rated in one of four categories: 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.

Each CCG receives a letter detailing the assessment by NHSE and confirming the annual assessment, as well as a summary of any areas of strength and where improvement is needed from a year-end review.

The 2018/19 annual assessments were published on the CCG Improvement and Assessment page of the NHS England website in July 2019.

### Kent CCG ratings

The headline rating for each of the CCGs is as follows.

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

All CCGs rated Inadequate or Requires Improvement have improvement plans in place.

A summary of key actions from Kent CCGs' improvement plans is included in Appendix 2.

## Appendix 1 – CCG Improvement and Assessment Framework indicators for 2018/19

Key:

- New indicators in the *CCG Improvement and Assessment Framework 2018/19* are highlighted in *italics*.

<b>Better Health</b>		
1	Child obesity	Percentage of children aged 10-11 classified as overweight or obese
2	Diabetes	Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
3		People with diabetes diagnosed less than a year who attend a structured education course
4	Falls	Injuries from falls in people aged 65 and over
5	Personalisation and choice	Personal health budgets
6	Health inequalities	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
7	Antimicrobial resistance	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care
8		Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care
9	Carers	The proportion of carers with a long term condition who feel supported to manage their condition
<b>Better Care</b>		
10	Provision of high quality care	Provision of high quality care: hospitals
11		Provision of high quality care: primary medical services
12		Provision of high quality care: adult social care
13	Cancer	Cancers diagnosed at an early stage
14		People with urgent GP referral having first definitive treatment for cancer within 62 days of referral

15		One-year survival from all cancers
16		Cancer patient experience
17	Mental health	Improving Access to Psychological Therapies – recovery
18		Improving Access to Psychological Therapies – access
19		People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within two weeks of referral
20		Children and young people’s mental health services transformation
21		Mental health out of area placements
22		Mental health crisis team provision
23		<i>Proportion of people on GP severe mental illness register receiving physical health checks in primary care</i>
24		<i>Cardio-metabolic assessment in mental health environments</i>
25		<i>Delivery of the mental health investment standard</i>
26		<i>Quality of mental health data submitted to NHS Digital (DQMI)</i>
27	Learning disability	Reliance on specialist inpatient care for people with a learning disability and/or autism
28		Proportion of people with a learning disability on the GP register receiving an annual health check
29		Completeness of the GP learning disability register
30	Maternity	Maternal smoking at delivery
31		Neonatal mortality and stillbirths
32		Women’s experience of maternity services
33		Choices in maternity services
34	Dementia	Estimated diagnosis rate for people with dementia
35		Dementia care planning and post-diagnostic support

36	Urgent and emergency care	Emergency admissions for urgent care sensitive conditions
37		Percentage of patients admitted, transferred or discharged from A&E within four hours
38		Delayed transfers of care per 100,000 population
39		Population use of hospital beds following emergency admission
40	End of life care	Percentage of deaths with three or more emergency admissions in last three months of life
41	Primary care	Patient experience of GP services
42		Primary care access – proportion of population benefitting from extended access services
43		Primary care workforce
44		<i>Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View</i>
45	Elective access	Patients waiting 18 weeks or less from referral to hospital treatment
46	7 day services	Achievement of clinical standards in the delivery of 7 day services
47	NHS Continuing Healthcare	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting
48	Patient safety	Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by CCGs
49	Diagnostics	<i>Patients waiting six weeks or more for a diagnostic test</i>
<b>Sustainability</b>		
50	Financial sustainability	CCG in-year financial performance
51	Paper-free at the point of care	Utilisation of the NHS e-referral service to enable choice at first routine elective referral
52	<i>Demand management</i>	<i>Expenditure in areas with identified scope for improvement</i>

<b>Leadership across the ICS</b>		
53	Probity and corporate governance	Probity and corporate governance
54	Workforce engagement	Staff engagement index
55		Progress against the Workforce Race Equality Standard
56	Local relationships	Effectiveness of working relationships in the local system
57	Patient and community engagement	Compliance with statutory guidance on patient and public participation in commissioning health and care
58	Quality of leadership	Quality of CCG leadership

Appendix 2 - Summary of key actions in CCG improvement plans for Kent CCGs.

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November 2019

CCG	Key actions	Current status
East Kent CCGs	<p>NHS England has agreed to oversee our 2019/20 financial recovery plan (FRP) for east Kent and support us by using statutory directions. The financial recovery plan will show how the CCGs ensure they operate within their annual budget in financial year 2019/20 and remains in recurrent balance in subsequent four financial years.</p>	<p>The financial recovery plan (FRP) for east Kent has been agreed and signed off by regulators. The CCGs' financial plan for 2019/20 aligns to the agreed FRP and in delivering the financial plan the CCGs will deliver the FRP and satisfy the lifting of legal directions relating to finance.</p> <p>The FRP has been signed off through governing bodies following a series of reviews, including clinically. The governing bodies have recently been updated on the FRP in detail at a development session. The FRP is monitored monthly through the contracting, finance and performance committee, and performance against the FRP reported to boards monthly. We have changed internal processes to make sure that actions are more clinically driven and owned.</p> <p>The east Kent CCGs are working closely with NHS England and Improvement's Intensive Support Team to give assurance against the financial commitments and adherence to plan; improve the quality of services; and bring about more effective east Kent-wide working to resolve the challenges we face together in east Kent. Only efficiencies and interventions that have a system benefit have been included within the FRP. Significant steps have already been taken to address our financial situation</p>

		<p>and build a sustainable NHS which focuses on providing the very best, most cost-effective patient care.</p> <p>The FRP feeds into the jointly agreed System Plan, and will feed into operational plans. CCGs are fully aligned with EKHUFT on activity, finance and workforce, and have spent time to check the alignment between activity, capacity and finance. The system's response to the NHS Long Term Plan is an improvement on the financial improvement trajectories set by regulators as we work across the whole STP footprint to manage risk. We have appointed a jointly funded director to coordinate the east Kent system programme management approach.</p>
	<p>Supporting the development of a single CCG for Kent and Medway with an integrated care partnership (ICP) and primary care networks (PCNs) in east Kent as part of the overall STP strategy.</p>	<p>GP members have approved the establishment of a single Kent and Medway CCG, and together with the other CCGs in Kent and Medway, we have submitted an application to establish a single CCG from 1 April 2020.</p> <p>16 PCNs have been established across east Kent, giving full coverage for east Kent.</p>
	<p>Implementation of a digital strategy to support new workforce models.</p>	<p>East Kent has been selected to be part of the "Digital First Unscheduled Care Accelerator" programme that will enable clinicians to make decisions using real-time digital information.</p> <p>The CCGs have continued to implement the Medical Interoperability Gateway (MIG) programme, extending its coverage to all main providers.</p>

		<p>We have supported GPs to adopt EMIS and Vision clinical systems as well as to implement software to facilitate the linking of these systems.</p> <p>We are contributing to the Kent and Medway digital infrastructure refresh programme.</p>
	<p>Referral To Treatment (RTT) improvement linked to transforming outpatients, pathway redesign and waiting list reductions.</p>	<p>The numbers of patients waiting more than 52 weeks for their treatment at EKHUFT has improved significantly in 2019/20. At the end of December 2019 there were five patients waiting for treatment over 52 weeks as opposed to 80 patients at the end of December 2018.</p> <p>The proportion of patients waiting less than 18 weeks has improved to 83% and is exceeding the agreed improvement trajectory.</p> <p>Our RTT Improvement Plan continues to be progressed, through the Planned Care Task and Finish Group, with a focus on pathway redesign within key specialties (gastroenterology, dermatology, MSK, chronic pain, urology, rheumatology, ENT).</p>
	<p>Improve A&amp;E discharge and flow including reducing the number of Delay Transfer of Cares (DTCs).</p>	<p>We have undertaken a system demand and capacity review. There is agreement across the system that demand growth rates are higher than had been predicted but that capacity could be managed better to improve flow. We are working with EKHUFT, KCHFT and KCC to review flow across the</p>



		<p>urgent care system. Further work to understand the levels of growth is underway.</p> <p>A number of key priorities have been agreed by the east Kent system leads to address urgent care demand and flow.</p> <p>The implementation of Urgent Treatment Centres (UTC) is within plan. The providers issued with a direct award contract are in the process of reviewing the contracts with a view to fully implement the service within the next few weeks. However three of the five direct award sites have commenced a soft launch. Procurement of the UTCs on the acute sites to be mobilised April 2020.</p>
	<p>Continue work with STP on Cancer Strategy.</p>	<p>We have established a joint committee across the Kent and Medway CCGs to oversee implementation of the cancer strategy and continue to work on developing capacity and capability.</p> <p>The percentage of patients seen within two weeks for suspected cancer has been on target throughout the year and we have delivered a sustained improvement in the 62-day referral to treatment cancer standard with performance in October reaching 88.45% (target 85%).</p>
	<p>Dementia diagnosis rate improvement to deliver national target.</p>	<p>With the exception of Canterbury and Coastal CCG, dementia diagnosis rates continue to remain below the national target. We continue to implement our improvement plan including the following key actions:</p>

		<p>Practices continue to be sent their diagnosis rates on a quarterly basis and offered support to undertake data harmonisation. A programme of targeted support is being developed following a survey of Thanet GPs which looked to understand the gaps and challenges to diagnosis. A community geriatrician is currently undertaking comprehensive geriatric assessments in care homes in Thanet. Part of this process includes the diagnosis of dementia, where appropriate.</p> <p>A second GP education day, supported by the clinical network, is being planned for Kent and Medway in March. In addition Dementia United in Manchester who have successfully increased diagnosis rates have agreed to facilitate a workshop early this year to share their experiences..</p>
	<p>Focus on Improving Access to Psychological Therapies (IAPT) ensuring compliance with national specification.</p>	<p>The percentage of people that wait six weeks or less from referral to entering a course of IAPT treatment has remained above or close to the national target of 75% for the past 12 months. Recovery rates continue to exceed the national target. Access rates have dipped in Thanet and South Kent Coast due to a reduction in provider capacity but capacity is expected to increase now that tariff uplift has been agreed. In addition, work is underway with the NHSE England IAPT transformation group to develop workforce plans.</p>
	<p>Development of safeguarding strategy at STP level as a priority.</p>	<p>Governing bodies have approved a Kent and Medway-wide Safeguarding Strategy and CCGs are continuing implementation and promoting the</p>

		sharing and spread of good practice across Kent and Medway.
	Oversight and leadership of quality improvements in EKHUFT, with appropriate escalation within CCGs and EKHUFT.	Quality oversight is undertaken at joint contract management and Quality Committee meetings. Escalation to NHS England and NHS Improvement-led System Oversight Meeting – continues monthly.
	Improve performance against CHC target re: assessments out of hospital.	We have met or exceeded the target for 85% of decision support tool (DST) assessments being undertaken outside of acute hospitals since March 2019. There is some variation in performance levels for referrals that originate from community hospitals and we are working to address this.
	Ensure delivery of special educational needs and disability (SEND) actions and share action plan.	<p>Together with the other Kent and Medway CCGs and Kent County Council, a multi-million-pound investment programme has been identified.</p> <p>CCGs have created a statement of action which makes more direct links between planned actions and the outcomes for children and young people. The statement of action has been shared with the CQC and Ofsted, and is published on the KCC website.</p> <p>CCGs have recruited a Designated Clinical Officer for Kent and Medway, and established a Kent SEND Improvement Board.</p> <p>The programme of improvement is driven and monitored by the Joint</p>

		Committee of Kent and Medway CCGs and SEND Improvement Board.
	Ensure governing bodies are fully sighted on main quality and constitutional target achievements including action and improvement required.	<p>Governing body agendas are aligned to assurance, key risks and system recovery. CCGs have improved the integrated performance report which is a standing report to our governing bodies to enable scrutiny of performance and, where necessary, actions to address poor performance.</p> <p>Quality and constitutional target achievements are reviewed in further detail through the quality committee and contracting, finance and performance committee as sub groups of the governing bodies, this includes thorough review of actions and improvements and escalation of key issues to the governing bodies as required.</p>
	Submit pre-consultation business case (PCBC) to NHSE within required timelines.	<p>The CCGs governing bodies and the EKHUFT board have established a joint committee to oversee the development of the PCBC, and we continue to work closely with NHS England regarding their assurance process.</p> <p>We have continued to prioritise the east Kent transformation programme to make sure we are planning for a health system that is sustainable and delivers the very best patient care.</p>
	20% reduction in commissioning system costs by March 2020	A recruitment control process now operates across the Kent and Medway CCGs. The submitted Long Term Plan across Kent and Medway CCGs is aligned to the admin allocations permitted by regulators, this is inclusive of the expectation for CCGs to improve system costs by 20%.

CCG	Key actions	Current status
<b>East Kent CCGs</b> (NHS Ashford, NHS Canterbury and Coastal, NHS South Kent Coast and NHS Thanet CCGs)		
<b>NHS Dartford, Gravesham and Swanley CCG</b>	Work with other CCGs to review current patient engagement activities against the domains of the NHSE Improvement Assessment Framework and learn best practice in preparation for transition to a single CCG	Joint CCG submission of NHSE Annual Evaluation template in February 2020.  Ongoing
<b>NHS Swale CCG</b>	Work with other CCGs to review current patient engagement activities against the domains of the NHSE Improvement Assessment Framework and learn best practice in preparation for transition to a single CCG	Joint CCG submission of NHSE Annual Evaluation template in February 2020.  Ongoing