



South Kent Coast
Clinical Commissioning Group

Annual Operating Plan

2016/17

Introduction/context

This 2016/17 Operational Plan is the third annual plan to deliver South Kent Coast CCG's five-year strategy and has been updated to reflect changes in national policy and guidance and the progress made during the implementation of our 2015/16 Operational Plan. Much of the work that we started in 2015/16 will continue into 2016/17. Our plans fit well with achievement of the NHS England planning priorities for 2016/17 and we will continue to drive these at pace in partnership with our neighbouring CCGs and across Kent and Medway as necessary. We will continue the close and productive working relationships we have developed with the local authority, district councils and continue the regular ways that we meet, inform and discuss our plans with local patients and the population of the South Kent Coast area.

Key objectives for 2016/17

Our key objectives for 2016/17 are to:

- Develop a high quality *Sustainability and Transformation Plan (STP)* with the partner organisations within the Kent and Medway STP footprint;
- Continue to maintain financial balance, including our planned contribution to efficiency savings;
- Continue to implement our plans to address the sustainability and quality of general practice;
- 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, maintain all other cancer waiting standards, and improve upon the 2015/16 position;
- Achieve and maintain the two new mental health access standards;
- Continue to deliver actions set out in our local plans to transform care for people with learning disabilities;
- Continue to implement our plans to improve the quality and safety of services for our patients.

In addition, we will learn from the work that has been piloted locally, through the Prime Minister's Challenge Fund (PMCF) to develop improved access to primary care services seven days a week.

Key areas of focus for 2016/17

In order to show how the totality of CCG projects link with our key objectives, we have grouped our projects around seven key focus areas:

1. Sustainability and Transformation
2. Finance and Activity

3. Constitutional Targets / Access Standards
4. General Practice - Sustainability and Quality
5. Learning Disability Pathways
6. Quality, Safety and Patient Experience - Challenged Providers
7. Working with our Partners in Kent and Medway

These groupings are for ease of reference and to focus on key local and national priorities. It summarises many of our plans for 2016/17 but does not give the breadth or detail that are captured within internal CCG project documentation.

Initiative 1: Sustainability and Transformation

Objective Link 1

What we plan to achieve in 2016/17

In 2016/17 SKC CCG plans to develop a Sustainability and Transformation Plan (STP) with public sector commissioning and health and social care provider organisations across Kent and Medway.

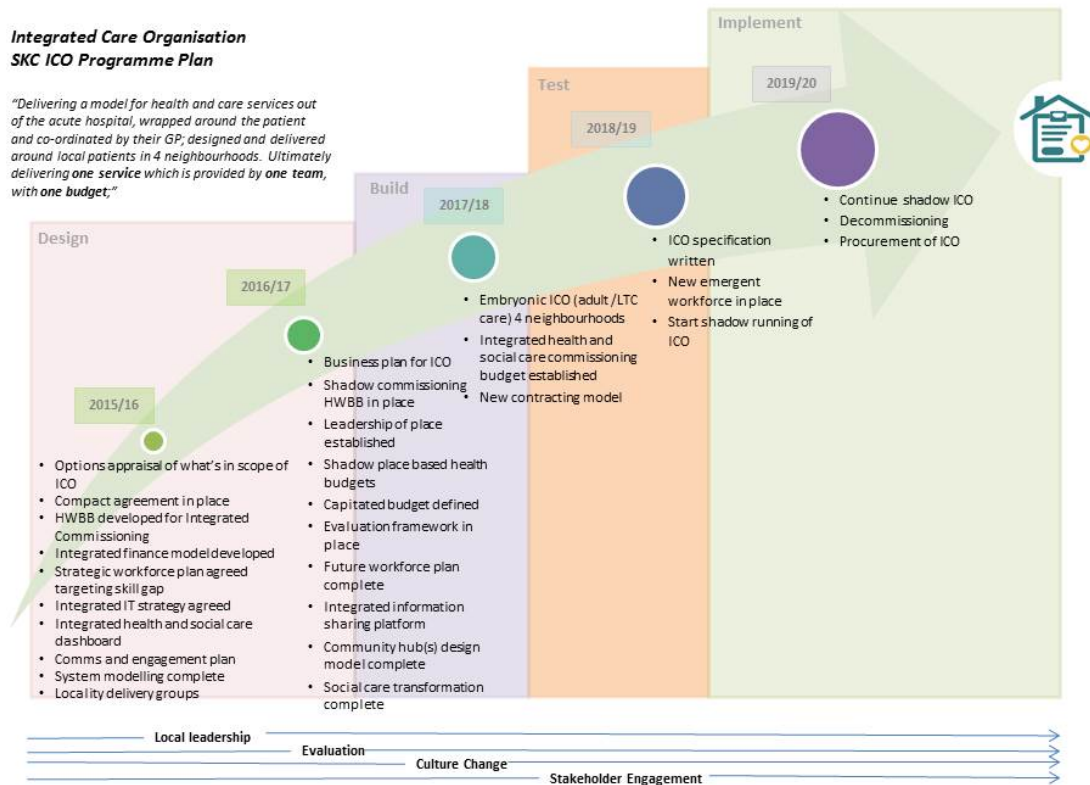
The STP will set out the current and future gaps within SKC CCG and across Kent and Medway in terms of the quality of services, health outcomes and financial challenges to the NHS and how SKC CCG and our partner organisations intend to close these gaps.

Within the STP, the CCG will set out the case and plan for developing an 'Accountable Integrated Care Organisation' in line with the Five-Year Forward View, as SKC CCG believes that this model of care can meet the needs of our population, will improve quality and health outcomes and is affordable for the taxpayer, both now and in the future.

The STP will be published by June 2016 with public consultation on the plan scheduled for late summer / autumn 2016.

How we plan to achieve this in 2016/17

In order to achieve our vision, a detailed program plan has been developed and is overseen by an 'Integrated Executive Programme Board' co-chaired by Kent County Council and the CCG. High-level milestones for the plan, underpinned by detailed workstreams, are set out below:



Risks to delivery

Risk that providers will not engage with the CCG around Sustainability and Transformation - mitigated by work streams encompassing leadership, cultural change and stakeholder engagement.

Initiative 2: Finance and Activity

Objective Link 2

What we plan to achieve in 2016/17

The financial plan has been developed in accordance with guidance, with a 1 per cent planned surplus and 1.5 per cent contingency. We have also set aside the 1 per cent top slice, provisionally allocated to non-recurrent provider support.

We are planning to continue with capped contract arrangements into 2016/17, with further efficiencies built in, offsetting tariff uplift and demographic growth, to deliver a maximum financial envelope to each provider.

Nine areas of acute activity have been chosen to drive transformational change building on the work started in 2015/16. This work is based on integrated working between primary and secondary care aimed at improving patient pathways and eliminating waste.

Work is on-going to ensure that the recurrent spend projections of providers and CCGs falls within plan across the health system.

Costed activity plan profiles are in an advanced stage, which account for referral patterns over the past three years, A&E demand and waiting list profiles, ensuring that there is sufficient activity purchased to meet statutory targets.

Throughout 2015/16 placements growth has settled, and the current spend trajectory has been built into planning. This represents a year on year placements budget growth of 5 per cent.

Higher than predicted growth levels have been seen in primary care prescribing in 2015/16. The plan has been built to reflect forecast monthly expenditure at the year end. GP members have agreed to a zero growth rate from April 2016.

Local mental health bed capacity is being reviewed for 2016/17 with a view to a possible short term increase in local provision to eliminate the need for patients to be treated out of area.

How we plan to achieve this in 2016/17

Finance

- Developing the whole system demand and capacity model on an east Kent footprint, to support a case for development of out of hospital care reducing unnecessary hospital inpatient, outpatient and accident and emergency activity;
- Strong focus on community team efficiency through calculation, adoption and adherence to safe operating activity levels;
- Driving efficient, cost effective prescribing;

- Focus on placements provider fees, assuring value for money and packages of care commensurate with individual's needs.

Commissioning

- Redesign of several pathways commenced during 2015/16, overseen by the CCG's GP clinical leads. Redesign will progress further in 2016/17 based on an over-arching 'Tiers of Care' managed care pathways approach to simplify understanding and delivery of each identified pathway, utilising the skill of health care professionals other than doctors such as nurse consultants, specialist nurses and therapists. This will have a direct impact on capacity and demand across primary and acute care along the following pathways:
 - Cardiology
 - Dermatology
 - Diabetes
 - Ophthalmology
 - Orthopaedics
 - Respiratory Disease
 - Rheumatology
 - Unplanned admissions (over-75s)
 - Urology.
- The CCG is currently testing this approach through a rheumatology nurse consultant led, Consultant supported pathway (Tier 2) which is designed to free up rheumatology consultant capacity to see the most complex patients in a timely manner (Tier 3), whilst providing support to primary care to better manage this patient group (Tier 1). This principle would be applied to all the above pathways in 2016/17.

Performance

Activity plans have been developed based on 0.44 per cent ONS population growth and 3.3 per cent overall trend growth, the inclusion of additional activity to clear waiting list backlogs to a sustainable position, and QIPP schemes to re-design elements of urgent care and planned care pathways for cardiology, dermatology, diabetes, diagnostics, ophthalmology, orthopaedics, respiratory disease, rheumatology, unplanned admissions (over-75s) and urology. Further work is in progress to scope the capacity in the independent sector, design a care navigation programme to support patient choice and to agree planned care pathways to reduce the demand in these areas.

NHS Right Care, Atlas of Variation, and JSNA have been referenced to identify areas of potential improvements in South Kent Coast. These include cancer, endoscopy, COPD, diabetes, stroke, and dementia. Projects are in place to develop services in these areas (see table below for full details).

Programme of Care	Right Care Area	potential lives saved	elective admission savings (£000s)	non-elective admission savings (£000s)	prescribing savings (£000s)	complex patient spend profile % variation from similar cogs	SKC Projects
Cancers and Tumours	Cancer diagnoses that were made at stage 1 or stage		183		165	-2.2%	<p>An east Kent cancer senior operational group has been established to address provider performance issues, establish service improvement work streams and develop long term cancer strategies.</p> <p>SKC are working with EKHUFT to scope access to diagnostics and supporting EKHUFT in reviewing demand and capacity in endoscopy.</p> <p>Reviewing east Kent dermatology service spec.</p> <p>Working with EKHUFT to scope the efficacy of breast cancer patient-initiated follow up as a safe and cost effective alternative to conventional secondary care, clinician led outpatient clinics.</p>
	Colonoscopy procedures and flexi-sigmoidoscopy procedures Computed tomography (CT) colonoscopy procedures Barium enema procedures Colorectal cancer diagnosed at stage 1 or stage 2	13	415	541	124	1.6%	
Cardio-vascular Family of Diseases	Type 1 and Type 2 diabetes who received NICE-recommended care processes Ingredient cost of anti-diabetic items Risk of major lower limb amputation among people with Type 1 and Type 2 diabetes		110	312	861	0.1%	The CCG will implement the integrated diabetes pathway to ensure the patient is seen by the appropriate service. This is an east Kent model that has been agreed by CCGs and providers.

	Prevalence of coronary heart disease (CHD) Mortality from coronary heart disease (CHD) in people aged under 75 years	25	925	835	4.5%	An east Kent cardiology task and finish was originated with the purpose of looking at the current pathways, the GPwSI model and also the development of the heart failure CQUIN. The group will make links with other programme areas such as COPD to ensure a seamless pathway and service for patients is delivered.	
	People with acute stroke who were directly admitted to a stroke unit within four hours of arrival at hospital. People discharged from hospital following a stroke who were 'newly institutionalised'.	25	925	835	4.5%	East Kent stroke services review is underway – engagement events have taken place in 2015/16 with further development to be undertaken in 16/17. CCGs have worked with EKHUFT to develop and monitor agreed local stroke quality targets. Dashboard now in place and reported monthly in quality contract meetings.	
Mental Health Disorders	Expected prevalence of dementia by CCG. Admission to hospital for people aged 75 years and over from nursing home or residential care home. Emergency admissions to hospital of people with dementia aged 65 years and over.					Work is ongoing with GP practices, dementia link nurses, community geriatrician and KMPT to implement dementia improvement action plan.	
	Emergency hospital admissions for self-harm					Development of liaison psychiatry model	
	Mental Health service users on CPA					Working with provider to improve patient centred care planning through audit and CQUIN development	
Problems of the Respiratory system	Patients with COPD who had influenza immunisation	8	268	394	343	-1.10%	Delivery of flu immunisations included in KCHFT commissioning intentions Integrated COPD care pathway: implementation of the integrated 'out of hospital without exacerbation patient care pathway across community, primary, secondary and the voluntary sector organisations. Key work streams include Patient information sub group, hospital sub- group, Rolling education and engagement programme, pulmonary rehab and specialist nursing re-design

Quality

- Benchmarking both individual providers and our Local Health Economy (LHE) to identify areas of unwarranted variation in quality / outcomes for our patients;
- Utilisation of the above data alongside local intelligence to identify further potential areas for quality and efficiency gains;
- Focussing on areas identified via the above processes in the 2016/17 contracting round - e.g. identifying and implementing quality indicators and CQUINs aligned to delivering transformational change via schedule 4 to the NHS Standard Contract;
- Finalise our *CCG Quality Strategy* which will be linked to the contribution that improvements in financial management and provider performance can make to improving outcomes;
- Recognising that opportunities to increase the size of the workforce within our LHE are limited, the quality Team will support CCG colleagues to ensure the available workforce is fit and competent;
- Additional work will include organisational and service design to ensure services use the whole workforce effectively and efficiently. This will include pathway design to optimise early senior review and cross-organisational collaboration;
- Monitoring of provider metrics and quality accounts to ensure providers have safe healthcare systems in place and to secure continuous improvements where this is not the case.

Risks to delivery

- Failure to control growth in prescribing expenditure - mitigated by the CCG's 2016/17 prescribing plan;
- Failure to control unplanned growth in placements expenditure - mitigated by the 2016/17 placements management plan in addition to specific project to better manage mental health placements including care co-ordination and repatriation;
- Failure to drive increased productivity and efficiency - mitigated by CQUIN developments planned for 2016/17, robust contract management and a commissioning focus on the NHS Right Care areas of unwarranted variation.

Initiative 3: Constitutional Targets / Access Standards

Objective Links: 4, 5, 6 and 7

What we plan to achieve in 2016/17

A&E

Achievement of the 4 hour access target is not forecast in 2016/17.

Cancer

Sustained achievement of the Cancer 62 day target is forecast from September 2016 onwards.

Dementia

Sustained achievement of the dementia diagnosis target is forecast from September 2016 onwards.

Diagnostics

This target is currently being met and is forecast to be sustained throughout 2016/17.

Mental Health

The new waiting times targets for Early Intervention in Psychosis (EIP) and Improved Access to Psychological Therapies (IAPT) are currently being met and will be monitored continually during 2016/17.

RTT

Sustained achievement of the RTT Incomplete access target is forecast from September 2016 onwards.

How we plan to achieve this in 2016/17

Commissioning

- Commissioning of sufficient activity across all providers to support achievement of the above Constitutional Targets / Access Standards;
- 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, diagnostics (in particular endoscopy) diabetes, ophthalmology, orthopaedics, respiratory disease, rheumatology and urology to support achievement of the above Constitutional Targets / Access Standards;
- Joint oversight of providers' Recovery Action Plans (RAPs) and contractual performance management;
- 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-75s (primary care)
 - Health Trainers Accident and Emergency Pilot
 - Paramedic Practitioner Pilot - linked to the Prime Minister's Challenge Fund (PMCF)
 - Falls workstream
 - Care homes workstream
 - Community geriatrician
 - Integrated Intermediate Care
 - End-of life care workstream
 - Urgent/short-term pathway workstream
- Agreement of a local target and trajectory with EKHUFT to improve diagnostic reporting turnaround times;
- A gap analysis by commissioners and mental health providers to ensure that sufficient capacity has been commissioned to achieve the new access standards in 2016/17;
- Recruitment of a commissioner across the east Kent CCGs to provide commissioning leadership specifically for cancer, to include the CCGs strategic response to the national cancer strategy, achievement of constitutional targets and changes to cancer pathways such as diagnostic capacity and NICE clinical guidelines for referrals for suspected cancer.

Finance

Our draft finance and activity plans have identified the necessary activity and finance to achieve Constitutional Targets / Access Standards in 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.

The CCG has increased investment in IAPT, in-patient beds and CAMHS to meet parity of esteem with 2.7% growth. We have not included expenditure in our plans for any of the non-recurrent allocation we received in 2015/16 apart from the increased CAMHS transformational funding. The CCG is currently in negotiation with our main mental health provider, KMPT, to include out of area beds and placements within their block contract. By doing this we expect to get better control and avoid the high level of growth we have seen in the last few years. The way the CCG is contracting for mental health should limit risk. Growth should be manageable as we have bought more in-patient beds.

Performance

A&E Performance:

East Kent Hospital University Foundation Trust are the primary provider of A&E for residents of South Kent Coast, and have issued plans to improve A&E waiting times in 2016/17, but do not anticipate meeting the 4 hr target in year. Significant work is underway between all urgent care providers and commissioners in East Kent to support the delivery of the urgent care improvement plan.

The plan prioritised 5 key areas:

1. Pre Emergency Department
2. Improving Medical and Nursing Leadership in ED
3. Implementing Safer Flow Bundle
4. Developing an effective acute medical model
5. Effective Site Management

Throughout 2015/16 positive impacts have been seen on A&E activity rates through decreased rates of ambulance conveyance due to increase in see and treat models and the implementation of paramedic practitioner models. Further roll out of paramedic practitioners are planned across East Kent in 2016/17.

A new medical and nursing model has been piloted in Q4 2016 which has shown positive impact on waits for first assessment and has received positive feedback from emergency department staff. This model will be expanded and rolled out to other sites in 2016/17.

RTT Performance:



Throughout 2015/16 the number of incomplete pathways reported by EKHUFT has remained broadly consistent, with the expected seasonal peaks during low activity months in winter and a brief period of growth at the start of the year due to reduced Trust capacity. A simple trend of the year suggests that with no other changes, the total waiting list can be expected to slowly reduce throughout next year. The RTT target will be achieved through 3 main actions:

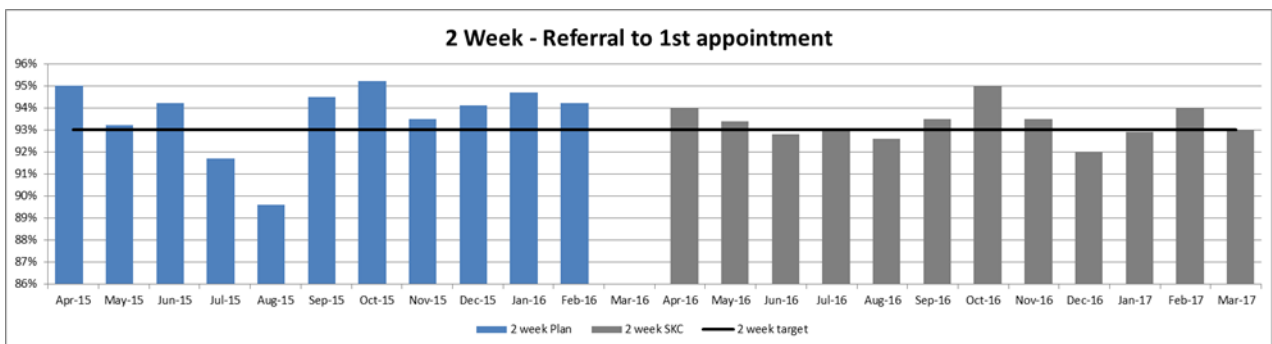
- Maintain a ‘steady state’ of RTT compliance by ensuring a minimum starting point of commissioning the same activity carried out in 2015/16;

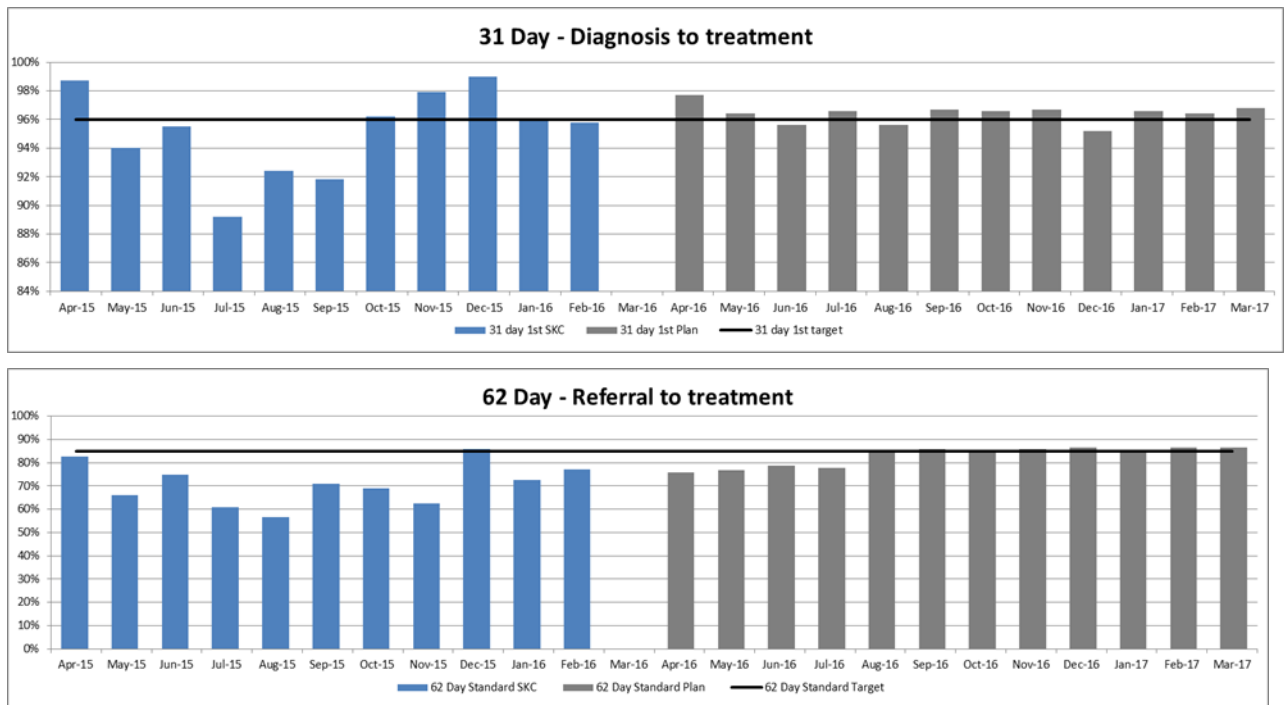
- Add growth to this base to account for increases in demand next year;

- Commission a non-recurrent backlog clearance of approximately 1300 patients to bring the ‘steady state’ compliance from an average of 89% to 92% by September 2016.

South Kent Coast CCGs has extended contracted independent sector provision, with further providers due for mobilisation in 2016. Patients will be supported to choose where they receive elective treatment through the implementation of a care navigation programme.

Cancer Performance:





Cancer performance against the 2 week referral to initial assessment target, 31 day diagnosis to treatment target, and 62 day referral to treatment target dipped significantly in quarter 2 of 2015/16. However, improvements have been seen in in quarters 3 and 4. The 2 week and 31 day targets have been met for the second half of the year at an aggregate, with a plan to maintain the target quarterly throughout 2016/17. The 62 day target will require more targeted improvement work, with plans to meet and maintain the target from September 2016.

Specialty level capacity reviews and patient treatment list reviews have improved performance in high risk specialty areas. Further work is underway to increase efficiency in theatre capacity planning, and to improve patient appointment management.

Risks have been identified in diagnostics, with discussions underway regarding potential to outsource activity.

South Kent Coast CCG is working to develop right care projects around early identification and endoscopy services.

Mental Health Targets:

Early Intervention in Psychosis targets have recently been implemented. Waiting times have been met in the initial period of monitoring. However, issues have been identified around NICE compliance, with gaps identified to achieve nice guidance compliance. Funding to meet NICE guidance is being discussed through contract negotiations. The service will require additional staffing to provide adequate group and individual psychotherapy, medical leadership and physical health monitoring.

The CCG is working with mental health, children’s mental health and acute hospital providers to improve access to Liaison psychiatry to meet the 2020 target of 24/7 provision. In 2016/17 the CCG plans to increase access to 12 hours, 7 days per week. An additional 3

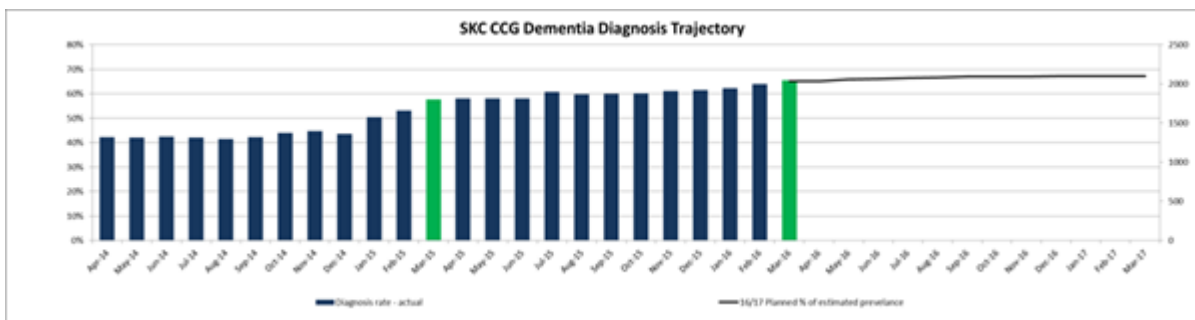
consultants including CAMHS consultant psychiatrist have been agreed, with a substantive recruitment process initiated.

Health, social care, and other voluntary and statutory bodies across Kent have agreed a Mental Health Crisis Concordat to improve care and support for people who are experiencing a mental health crisis. The Concordat outlines plans to develop a multi-agency response for people in crisis, early intervention to prevent crisis and a focus on supporting recovery. The Concordat has been agreed between Police, Healthwatch, Mind, Kent and Medway Clinical Commissioning Groups, NHS provider organisations, Kent and Medway Councils, and South East Coast Strategic Clinical Network.

In 2015/16 the crisis concordat is working to establish a Mental Health Triage Service provided by KMPT within Police and Ambulance Control Rooms to assist first responders with support to patients presenting in a mental health crisis, and provided a system wide integrated response to people at risk of or in crisis through development of a multi-agency shared database and interface group of professionals to provide a joint assessment of needs.

A Mental health lead has been recruited to the South Kent Coast CCG Integrated Care Organisation Team to ensure mental health parity of esteem is imbedded in ICO development.

Dementia Targets:



The Prime Minister’s Dementia Challenge (Department of Health, 2012) identified that only about two thirds of people with dementia had received a formal diagnosis. SKC CCG has increased their diagnosis register by 242 cases in 2015/16. South Kent Coast will require an additional 60 cases of dementia to be identified to meet this target in 2016/17. Additional support provided for care homes case finding and review has had a significant impact on performance against this target. It is estimated that more than 60 further cases have been identified for review in quarter 1 of 16/17.

A revised pathway has been developed covering the assessment, diagnosis of treatment of dementia. The pathway specifies the system of care linking primary and secondary care services with local community providers and other sectors to deliver high quality care, consistent with the Dementia Vision (2020), for the population of East Kent. It is consistent with the MSNAP Accreditation and NICE - SCIE Dementia Guidance.

The service specification for patients treated for dementia has been revised to provide holistic care interventions that meet peoples’ needs and concerns. All interventions will be

formulated based on best practice, focused on recovery and quality of life to achieve transition of care back to primary care where possible. Care will aim to achieve agreed outcomes and provide opportunities to optimise personalisation and social inclusion. Interventions will include high intensity psychological interventions and medication. Active support may be required on other aspects of lifestyle and physical health to support mental health needs.

Monitoring and reporting on Constitutional Targets / Access Standard achievement / trajectories will be maintained through the year with joint oversight of providers' RAPs and contractual performance management.

Quality

Provision of clinical leadership regarding all RAPs in place to address provider under-performance.

Assurance that, whilst under performance continues, challenged providers have mitigating actions in place with to minimise the risks to patients.

Joint working with challenged providers to deliver quality focused change within their organisations.

HCAI:

- Oversight of providers and primary care to reduce number of HCAI within care settings.

Accident & Emergency:

- Seeking assurance of providers meeting target times while delivering high quality, safe and effective care;
- Monitoring RAPs to ensure patient care is not compromised through service redesign;
- Supporting clinical leads to drive quality and efficiency improvements within the urgent care setting.

Ambulance:

- Working with lead commissioners to influence provider behaviour and develop a better understanding for the service delivery issues and the safety of services that need to be delivered locally.

Cancer:

- Seeking assurance for quality of care for patients not seen within mandated waiting times and patient outcomes not compromised;
- Analysis of patient impact arising from underperformance in line with national guidance (62 day targets) and investigation of harm arising from underperformance.

Mental health:

- Parity of esteem will be further improved through increased access and equity of health services for residents with physical and mental health conditions;

- Ensure patients receive care and treatment that respects dignity, values and patients capacity to consent;
- Ensuring mental health service development includes provision of services locally thereby enhancing access and patient experience;
- Ensuring timely delivery of appropriate level of service to promote patient recovery;
- Working with commissioners and finance colleagues to ensure relevant services are developed to improve patient outcomes and wellbeing following diagnosis.

Risks to delivery

Risks to delivery of constitution targets due to local capacity - mitigated by workforce initiatives, pathway re-design and commissioning of additional IS capacity.

Initiative 4: General Practice - Sustainability and Quality

Objective Link 3

What we plan to achieve in 2016/17

Our plan for 2016/17 is to continue to support the development of good quality and sustainable General Practice, recognising that this will be essential to the success of all of our focus areas.

Developing this point further, the CCG understands that, increasingly, general practice will need to be able access to a range of healthcare services traditionally beyond the immediate reach of an individual practice.

In 2015/16 the CCG identified five natural localities within the CCG area: Deal, Dover, Folkestone, Hythe and the Romney Marsh. In 2016/17 each locality will be supported further to develop a central 'hub', for example Royal Victoria Hospital, Folkestone or Buckland Hospital, Dover. The 'hubs' will provide a base for the local urgent care model to include additional GP access, Minor Injury units, Integrated Intermediate Care, One-Stop Outpatients services and virtual consultations including access to medical specialties to support primary care.

In addition, we plan the provision of an information centre to create a system which actively diverts patients to the most appropriate forms of advice and support.

How we plan to achieve this in 2016/17

Commissioning

Hub / Provider Development for General Practice - the CCG will provide structured support for developing practices as hubs and as individual providers. This will strengthen capacity of practices to develop new services out of hospital, make efficiency savings e.g. back office functions, improve local service integration, enhance practice capacity, strengthen clinical governance and improve the quality and safety of services. The CCG will ensure that the hubs are developed in alignment with and to support wider health and social care strategies, for example the development of the Kent and Medway Urgent and Emergency Care Network (UECN).

Enhanced Primary Care (BCF initiative) and Urgent Care Model - building on the Prime Ministers Challenge Fund (PMCF) pilot (8am-8pm/7days a week) which has provided the opportunity to look at different ways of working in general practice, and helped see how GP services could be designed from the way that patients experience GP services for the future, opportunities for patients to be seen at their local 'hub' by another GP or another appropriate health care professional (for example, pharmacist, paramedic practitioner, MIU nurse practitioner (out-reaching) or rapid response nurse).

Integrated Out of Hours (OOH) Medical Services, NHS 111 and Care Navigation -

procurement of an integrated OOH service is almost complete, the key components of this new service will be:

- An east Kent NHS 111 hub;
- An advanced care navigation service, capable of deploying/referring to clinical responders to keep patients in their place of residence;
- Transformation of the existing out of hours configuration, integrating primary care bases with emergency department services and the local enhanced primary care and urgent care pathway.

Integrated Intermediate Care (BCF Initiative) - by further integrating Intermediate Care Services within the locality provided by Kent County Council social care, health and the voluntary sector, care can be wrapped around the patient to keep them at home or step-up to a short term bed with a plan to return home at the earliest opportunity.

Integrated Primary Care Teams (BCF initiative) - to further develop the multi-disciplinary/ agency team at practice level, integrated nursing teams, mental health, social care, care navigation, voluntary agencies, health trainers, children’s community nursing and health visiting- maximising the use of all available resources

GP IT - the CCG has a clear plan for developing IT to improve efficiency and reduce clinicians’ workload whilst improving care and services for patients. Our plans that are already either in place or have firm delivery plans are as follows:

- Interoperability between General Practice and wider providers to share records, reducing workload by seamlessly sharing records that would normally be requested via telephone, email or fax;
- Interoperability between practices to ensure plans are in place for seven-day working and sharing of records across our locality areas;
- Mobile working to allow GPs and nurses the ability to update the patient record whilst visiting patients without the need for carrying paper;
- Video consultation for patients and care homes, reducing need to provide home visits and improve demand management;
- Video conferencing for meetings and education across all practices reducing the need for long journeys that would previously be in person, thus increasing time with patients;
- Implementation of text messaging that will:
 - Provide a text messaging reminder service to patients, reducing DNAs and improving take up of health campaigns;

- Link patients to their GP records allowing patients to automatically cancel appointments thus creating resilience across the system and supporting practices with demand management;
- Gather data for other initiatives such as QOF (for example, gathering smoking status and health readings. This will support individual practices with business process management);
- Include a patient facing app that supports self-care, booking of appointments, medication reminders, prescription ordering, submission of health readings, access to medical records and be notified of test results.

Vulnerable practice support - working with NHS England to identify practices that are most in difficulty and would benefit from some form of structured support. The aim will be to secure improvements in vulnerable GP practices to help build resilience in primary care and to support delivery of new models of care. This will provide support to practices under pressure, increasing capability and capacity whilst ensuring patients have continued access to high quality care.

Premises - development of a Primary Care Premises Strategy during 2016/17 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. Specific plans include using existing estate more effectively across a greater range of practices and also the reconfiguration and rationalisation of estate.

Primary Care Transformational Fund (PCTF) - the PCTF will be used to improve estates and accelerate digital and technological developments in general practice. The fund will improve access and the range of services available in primary care, through investment in premises, technology, the workforce and to support the development of working at scale across our practices.

Co-commissioning of primary care - in 2016/17 we will engage with our member practices to develop and prepare them for the delegated responsibilities of primary care co-commissioning in 2017/18.

Finance

Funding continues to be earmarked against additional capacity in primary care to improve outcomes in the community for our older population.

We have also developed tools that allow us to compare spend with weighted budget to identify variations in behaviour for prescribing and referrals.

Performance

Practices are provided with a practice profile benchmarking referrals and activity for their practice population, based on locally developed weighted practice list data.

Work is underway to develop this report into a hub model with benchmarking within and between hubs.

Plans are in place to develop primary care focused constitution updates on wait times.

Quality

Practice Support / Quality Dashboards - a co-ordinated approach to Practice Quality Visits is in place across the CCG ensuring that practices that require assistance are supported appropriately and quickly. A primary care dashboard is used to monitor practice data covering areas such as enhanced services, quality, referrals and prescribing.

Peer review by clinical leads is in place with a focus on unwarranted variation between practices with an increasing focus on the risks arising from the primary care dashboard.

Development of primary care-led hubs through the ICO work and provision of information to enable provider development to occur alongside commissioner development to support the ICO.

Delivering an effective safeguarding agenda within primary care:

- Improving safety for all patients by having a workforce that is cognisant and responsive;
- All practices meeting statutory safeguarding criteria;
- Driving the improvement of the quality of the service quality of patient care and experience in the commissioned out of hours primary care service.

Workforce development

Our 2016/17 workforce plans support the development of a primary care workforce that will underpin the changes that are needed to enable a sustainable model of general practice in the future.

Within the CCG there are a number of initiatives that have been rolled out to meet these requirements. Given our primary care workforce pool is limited, we continue to develop initiatives that expand traditional roles and support the maximisation of potential. For example:

- Healthcare assistants progressing into associate practitioner roles;
- A pilot with local HEIs to enable physician's associate training within local training practices;
- Advanced nurse practitioners;
- Increased number of nurse prescribers;
- Pharmacy placements in primary care;
- Increased number of training practices;
- Increased number of nurse mentors to support student nurses experience primary care and choose as a career option;
- Primary care nurse pilot with one practice working across the community and primary care interface to ensure a seamless service for patients;
- Widening participation opportunities for all academic capabilities to access a career in health and social care via the apprenticeship route.
- The CCG has also developed a series of professional development programmes to equip healthcare professionals to ensure that the LHE provides the 'right skills in the right place at the right time'. For example:
 - One-day dermatology study day with an additional follow up day to support appropriate referrals to dermatology service;
 - Two-day anticoagulation study day to support primary care staff to increase the amount of providers to provide anticoagulation therapy services;
 - Minor surgery course for healthcare assistants;
 - One-day management of minor illness in adults;
 - Diabetes and Insulin Initiation for healthcare professionals;

- Development of monthly free educational events for all care home staff across SKC;
- Development of recognition of early deterioration of service user programme roll out across domiciliary care agencies.

Risks to delivery

- Risk of lack of engagement or appetite from general practice;
- Risk that the digital health ambition outweighs capital and revenue available;
- Risk of lack of engagement of providers to move at the pace we would like with regards to interoperability and development of their own systems;
- Risk of reluctance from practices to implement solutions e.g. mobile working, video consultations;
- Risk of lack of sustainable revenue funding;
- Risk of practices refusing structured support which will dilute the impact across our geography.

Initiative 5: Learning Disability Pathways

Objective Link 8

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 by closing the traditional model of community beds and reinvesting in more effective and comprehensive community support.

How we plan to achieve this in 2016/17

Commissioning

- Continue to implement care and treatment reviews.
- Maintain a register of all current learning disability and autistic spectrum condition (ASC) 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 or ASC;
- Implement proposals for integrated commissioning between health and social care;
- Ensure appropriate linkages between learning disabilities and review and redesign of neuro-developmental path.

Finance

Pooled funding arrangements between health and social care are being set up in order to drive best value from truly integrated learning disability services.

In 2016/17 we will also be scoping the opportunity for new models of contracting for learning disability services that support better patient pathways and improved outcomes e.g. alliance contracting models.

Performance

KCHFT, SPFT and KMPT learning disabilities services monitored through contract performance meetings. More in depth reporting is required around key performance indicators and quality of service - this will be developed through the 2016/17 contracting round.

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 within learning disability needs;
- Improve the quality of intelligence surrounding children services
- Joint commissioning approach with the LA through section 75 partnership;
- Transforming Care programme in place and progressing as per target - measuring outcomes for patients successfully relocated to community being developed;
- Needs analysis arising from Transforming Care work being used to inform local ICO and HWBB led place-based services.

Risks to delivery

Risk that providers will not engage with the CCG, or move at the pace the CCG would like or is reluctant to implement solutions - mitigating factors are joint work-up of implementation plans / RAPs supported by robust contract management.

Initiative 6: Quality, Safety and Patient Experience - Challenged Providers

Objective Link 9

What we plan to achieve in 2016/17

A continued focus on the quality, safety and patient experience of the services provided by any 'challenged provider'. A 'challenged provider' in this context will mean any provider subject to enhanced scrutiny by the Care Quality Commission, or exiting from such scrutiny, or one where the NHS Constitution is not being met, or where local intelligence indicates a focus on quality, safety and/or patient experience is warranted.

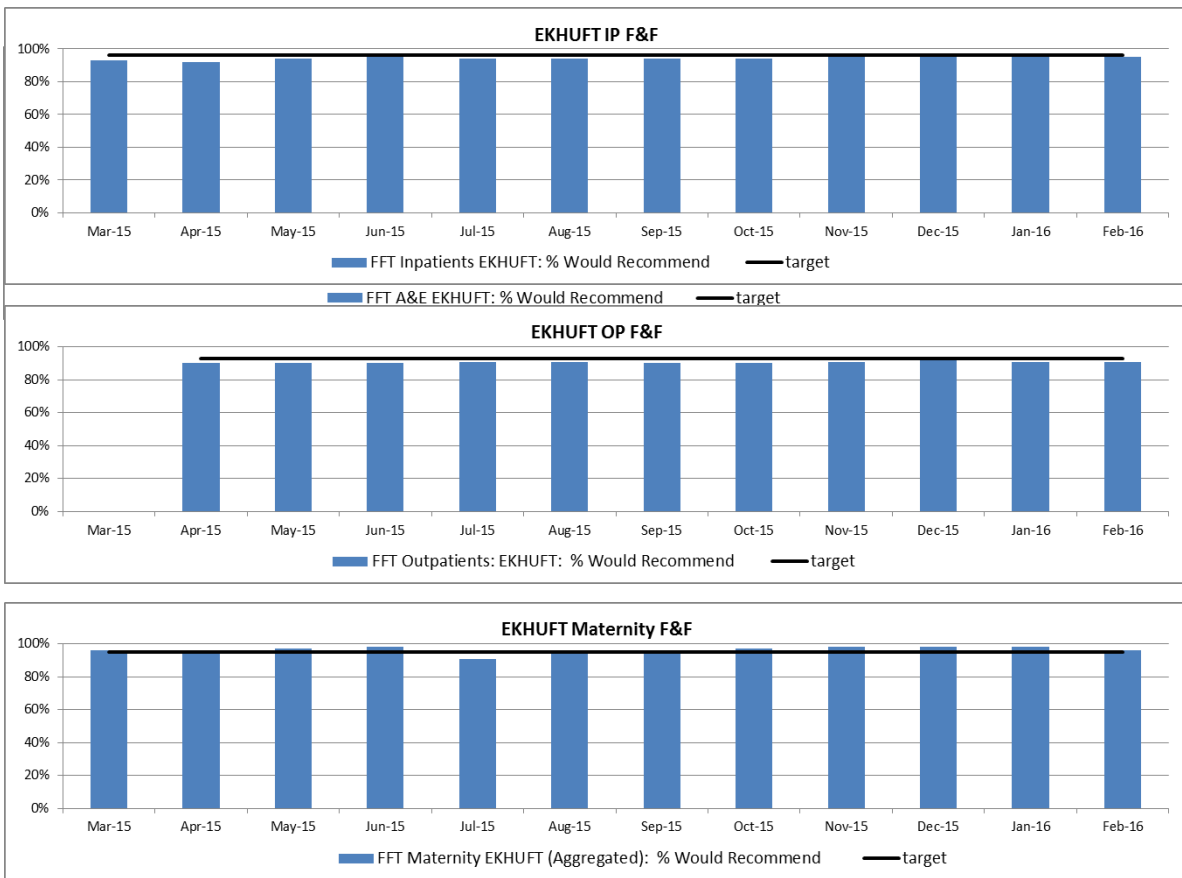
How we plan to achieve this in 2016/17

- To ratify our quality strategy, covering quality, safety and patient experience, which has been drafted to provide a framework for identifying such issues across providers;
- Toolkits for HCAI, Quality, Safeguarding and Patient Experience are being developed to enable commissioners to embed quality throughout the commissioning process;
- Deliver the quality strategy through integrated working with commissioning, performance and finance colleagues;
- Developing robust RAP with providers who require improvement;
- Joint working with providers to identify workforce issues, working towards a stable workforce with permanent staff that is skilled and competent to deliver and lead care provision (including the reduction of agency and non-framework agency staff);
- Joint working with providers to develop a culture of support, engagement and clinical leadership, including the development of clinical leaders within provider organisations;
- Joint working with providers to develop measures to deliver improved patient safety and reduce harm;
- Review of avoidable mortality rates for all providers' - identifying and addressing patient safety issues such as VTE, serious incidences and failure to identifying patient with deteriorating conditions and also take the learning from these reviews to patient safety collaboratives.

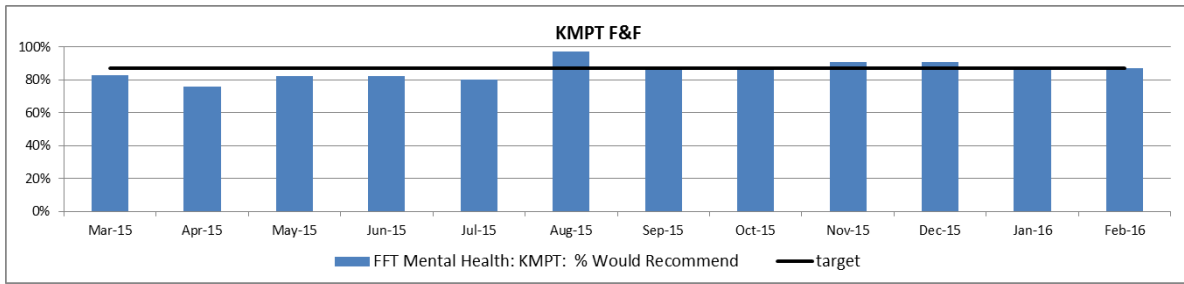
Patient Experience

The CCG works with providers to set stretch targets around patient experience feedback, and the friends and family test. These targets are monitored through contract performance meetings. Thematic analysis of serious incidents and complaints are conducted and monitored jointly with providers to ensure that improvement actions are completed and sustained. Information and text feedback from surveys is used by wards and teams triangulated between F&F, real time patient feedback surveys, and national surveys, as well as external patient feedback sources such as NHS Choices. Teams display their results on ward dashboards and create local improvement plans.

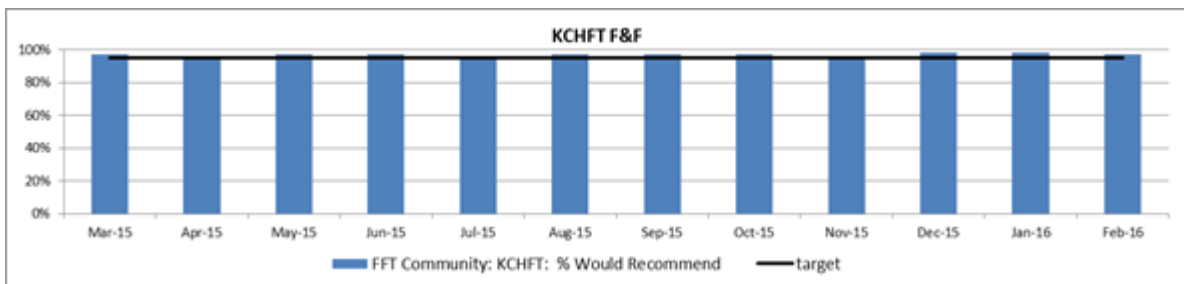
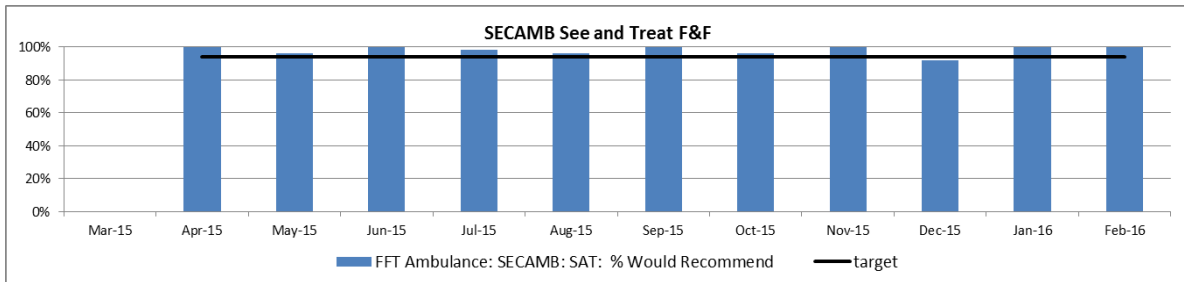
The following graphs show current performance by provider toward targets for Friends and



Family (F&F) scores.



The majority of providers are meeting their jointly agreed patient feedback targets.



EKHUFT are consistently below target in A&E. The East Kent urgent care improvement programme aims to progress the underlying issues effecting patient experience with waiting times in A&E. Further analysis of feedback identified additional issues with information sharing and pain management which have resulted in team level action plans. Improvement has been noted in these areas through ongoing real time patient survey monitoring.

South Kent Coast CCG engages public in the procurement of NHS standard contract services. In our recent procurement of independent sector activity in France, patients undertook site visits and were engaged in designing the contents of the patient information leaflets and guides

Service User Groups

South Kent Coast CCG involves mental health service users through the CCG Health Reference Group which provides service user the opportunity to address issues of concern and provide feedback. Mental Health local operational meetings demonstrate services responding to feedback from service uses and their families.

Staff Engagement

The National CQUIN 'Introduction of health and wellbeing initiatives' requires providers to achieve an improvement of 5% compared to the 2015 staff survey results for each of the three questions in the NHS Annual Staff survey outlined below:

1. Question 9a: Does your organisation take positive action on health and well-being?
2. Question 9b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
3. Question 9c: During the last 12 months have you felt unwell as a result of work related stress?

Provider specific - EKHUFT

CQC inspection report highlighted quality issues throughout the Trust. Governance, leadership, culture and strategy are all themes that effect patient safety and the quality of care. RAPs are in place for A&E, Cancer and RTT and work is being undertaken to ensure these raise the quality of patient care and safety as well as improving performance. Further high level action plans are in place across the trust for areas including End of Life care, outpatients, diagnostics and safeguarding;

Maternity services will be evaluated following the national review and redesigned to deliver safe and effective care, reducing maternal and neonatal morbidity and mortality.

Provider specific - KCHFT

Service redesign is moving at pace to provide integrated teams - patient experience and quality of care will be embedded in these new pathways;

Services are being reviewed during contract negotiations with workforce and productivity being closely monitored to ensure safe care is delivered;

Patients safety incident reporting will continue to be monitored;

Priority needs to be given to develop skilled clinical leadership to deliver focused care based on improving patients' health outcomes

Provider specific - KMPT

Monitor CQC action plan and identify where mitigation needs to be taken to reduce avoidable deaths and patient harm;

Support provider to develop robust serious Incident process including reporting, investigating and learning from serious incidents.

Risks to delivery

Risk that providers will not engage with the CCG, move at an acceptable pace or is reluctant to implement solutions - mitigating factors are joint work-up of implementation plans / RAPs supported by robust contract management.

Initiative 7: Working with our Partners in Kent and Medway

Objective Link 9

What we plan to achieve in 2016/17

In 2016/17 SKC CCG plans to:

- Develop and commence implementation of a plan to meet Achieving World-Class Cancer Outcomes Strategy;
- Support further development of 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.

How we plan to achieve this in 2016/17

- Recruitment of a Commissioner for the East Kent CCGs to specifically lead on implementation of the *Achieving World-Class Cancer Outcomes Strategy*;
- Continued membership of the Kent and Medway *Urgent and Emergency Care Network* and commitment to the re-design of UEC pathways at both an East Kent, CCG and sub-CCG level;
- Continued allocation of commissioner resource to deliver Personal Health Budgets, including a review of progress to date and scoping of opportunities for improving processes and systems.
- 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.

The CYP plan aims to improve the lives and life chances of the children and young people in South Kent Coast through targeted support to the children, young people and families who need it most, intervening early so that their needs do not escalate and outcomes are improved. The recently established East Kent CYP team will improve joint commissioning and better alignment of resources across different agencies to deliver systemic and transformational change to emotional wellbeing and mental health pathways including significant change to intervening early, perinatal mental health and crisis services. The following key actions are planned:

- The service aim to roll out Children and Young People Improving Access to Psychological Therapies (CYP IAPT) in SKC with the aim of achieving 25% access rate by 2020.
- Childhood Obesity has been identified as a focus area in South Kent Coast through the public health outcomes framework. Prevention and self-care programmes are included in the joint East Kent Children and Young People (CYP) transformation plan. Grants from local children's partnership have been secured to support this work in 2016/17.
- Pilot model of integrated mental health provision within KCC Early Help teams through new CAMHS contract which will reduce demand for specialist services.
- 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. In addition, deliver Place2Be and Expert Parenting Programme supporting Transformation delivery.
- Develop and implement a focussed project to improve early intervention rates and support through schools and families to reduce ASC/ADHD diagnosis.
- Work with other East Kent CCG's to scope the areas of work identified as part of the National Maternity Review. This scoping work will inform improvements in relation to safety and Perinatal Mental Health Services
- Implement project regarding midwifery support to mothers who smoke in pregnancy, and run BabyClear insight work which aims to understand and influence behaviours of mothers during pregnancy.
- Review tier 4 CAMHS admission procedures to ensure that CTRs are extended to this cohort during the early part of 2016/17.

Risks to delivery

Risks are identified that partners may wish to progress at different speeds, are reluctant to implement solutions or decide to implement solutions in silos - mitigated by joint work-up of all implementation plans that are cross-boundary in impact.