HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

23 AUGUST 2016

NHS MEDWAY CLINICAL COMMISSIONING GROUP (CCG) FIVE YEAR STRATEGY 2016-2021 AND OPERATING PLAN 2016/17

Report from: Caroline Selkirk, Accountable Officer, Medway Clinical Commissioning Group (CCG)

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Summary

At the last meeting of the Committee, Members asked to be informed and regularly updated on the NHS Medway CCG Five Year Strategy and commissioning intentions for 2016/17 (and annually thereafter) so that the Committee can plan the areas Members would like to scrutinise in more detail and liaise with the CCG about any forthcoming proposals for substantial development or variations to the health service. This report provides the Committee with a copy of the NHS Medway CCG Operating Plan for 2016/17. A presentation will be given at the meeting which will also cover the CCG Five Year Strategy 2016-2021.

1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway.

1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.

2. Background

2.1 Medway Clinical Commissioning Group (CCG) has refreshed its five year strategy (2016-21). This sits alongside the 2016-17 Operational Plan. Both documents have been created with the strategic challenges listed in

paragraph 2.2 in mind, all of which are facing the broader system at a local and national level.

2.2 The Key Strategic Challenges of NHS Medway CCG are as follows:

- The "9 Must Dos" from the planning guidance published in December 2015.
- The key principles of the Sustainability Transformation Plan.
- The requirements of different planning footprints.
- Winter planning.
- Current and future service transformation plans.
- The national £22bn financial gap.

2.3 NHS Medway CCG has developed an Operational Plan in support of the five year strategy. This sets out how the actions that will be taken during 2016/17 in order to ensure effective delivery of the strategy.

2.4 The CCG presented the refresh of its operational plan to the CCG Governing Body at the end of March 2016.

2.5 The Committee will receive a presentation on the CCG Five Year Strategy 2016-2021 and how this links to the Operating Plan 2016/17 at the meeting.

3. Risk management

3.1 The CCG risk assessed the 2016/17 year plan as part of the wider financial plan of the CCG and will monitor delivery and risks on a regular basis.

4. Consultation

4.1 Consultation on the Plan has previously been undertaken at the Health and Wellbeing Board and at Local Strategic Partnership meetings.

5. Financial and Legal implications

5.1 The five year strategy and one year operational plan both contribute to the wider financial plan of the CCG and are reviewed through the CCG governance structure. Section 14Z11 of the Health and Social Care Act 2012 places a statutory obligation on CCGs to give a copy of their plan to the Health and Wellbeing Board (HWB). The Plan was presented to the Medway HWB in March 2016.

5.2 Under section 14Z13, the CCG must involve the Health and Wellbeing Board in the preparation or revision of their plans and consult the Board on whether the draft takes account of the Joint Health and Wellbeing Strategy (JHWS). The Board must comment on whether it thinks the CCG Commissioning Plan take account of the JHWBS and may send its views to NHS England. The CCG is also required to include a statement of the final opinion of the Health and Wellbeing Board upon publication of their Commissioning Plans.

5.3 The duties listed in 5.1 and 5.2 have been discharged previously. Provision for health scrutiny is made in the Local Authority (Public Health, Health and

Wellbeing Boards and Health Scrutiny) Regulations 2013. The Committee has power to scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In addition there is a statutory requirement on relevant NHS bodies and health service providers to consult with Overview and Scrutiny about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.

6. Recommendations

6.1 The Committee is asked to note the content of the NHS Medway CCG Operating Plan 2016/17 and the presentation and provide comments to the CCG and;

6.2 To agree the frequency of subsequent updates for work programming purposes.

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Appendices

Appendix 1: Medway CCG Operating Plan 2016/17.

Background papers

None.

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NHS
Medway Clinical Commissioning Group

Operational Plan 2016/17

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Context

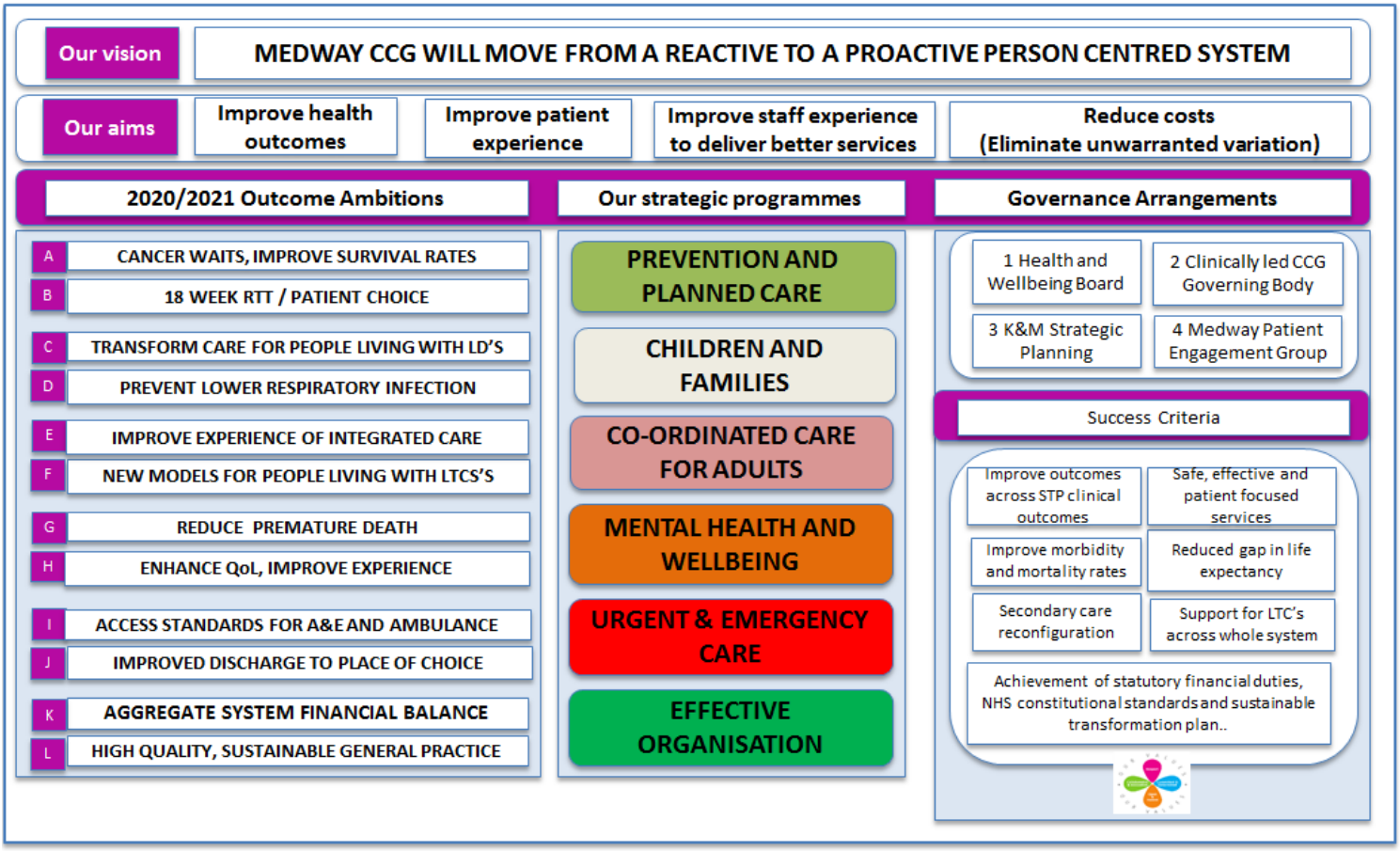
Medway Clinical Commissioning Group has refreshed its five year strategy (2016-21) alongside this 2016-17 Operational Plan. Both have been created with the strategic challenges below in mind, all of which are facing the broader system at a local and national level.

- The '9 Must Dos' from the planning guidance published in December 2015
- The key principles of the Sustainability Transformation Plan
- The requirements of different planning footprints
- Winter planning
- Current and future service transformation plans
- The national £22bn financial gap

Below is Medway CCG's high-level five-year plan. This will inform our core business over the next five years alongside the overarching Sustainability and Transformation Plan (STP).

NHS
Medway Clinical Commissioning Group

Medway Plan - 5 year plan on page



Medway CCG has reviewed its current strategy and work streams against the highest performing health and care systems in England, as well as undertaking a self-assessment against the best practice 'House of Care' model.

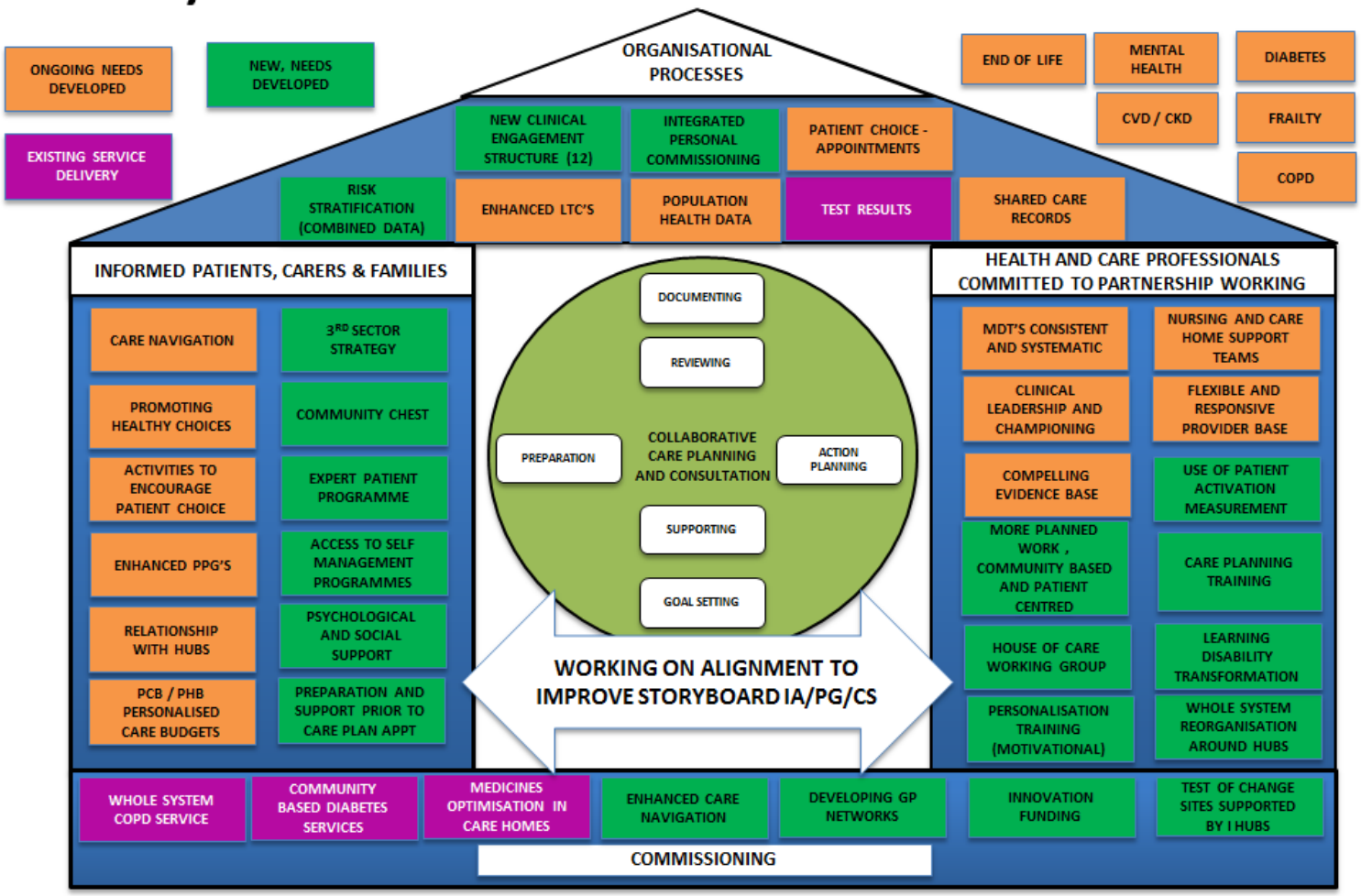
The House of Care provides learning and guidance for more coordinated and personalised care planning across organisational boundaries and is a nationally tested benchmark against which to measure progress.

We recognise a critical success factor will be our ability to build on existing good practice across commissioning activities, identify new work streams and integrate the House of Care approach so patient outcomes and experiences are improved.

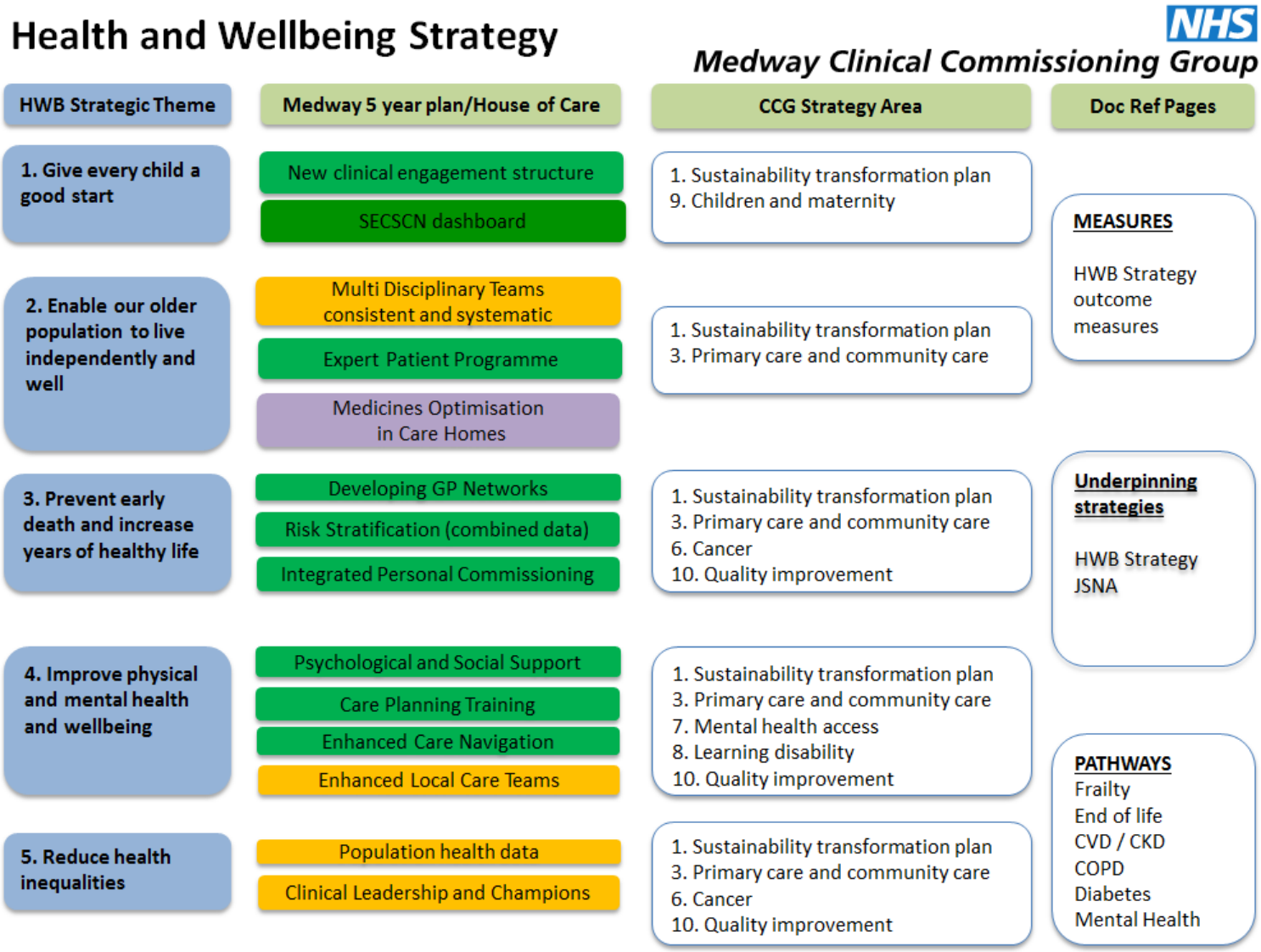
The diagram below illustrates our analysis of the current state within the House of Care framework. It shows existing services, where they need to be developed alongside initiatives that still need to be established.

NHS
Medway Clinical Commissioning Group

Medway House of Care



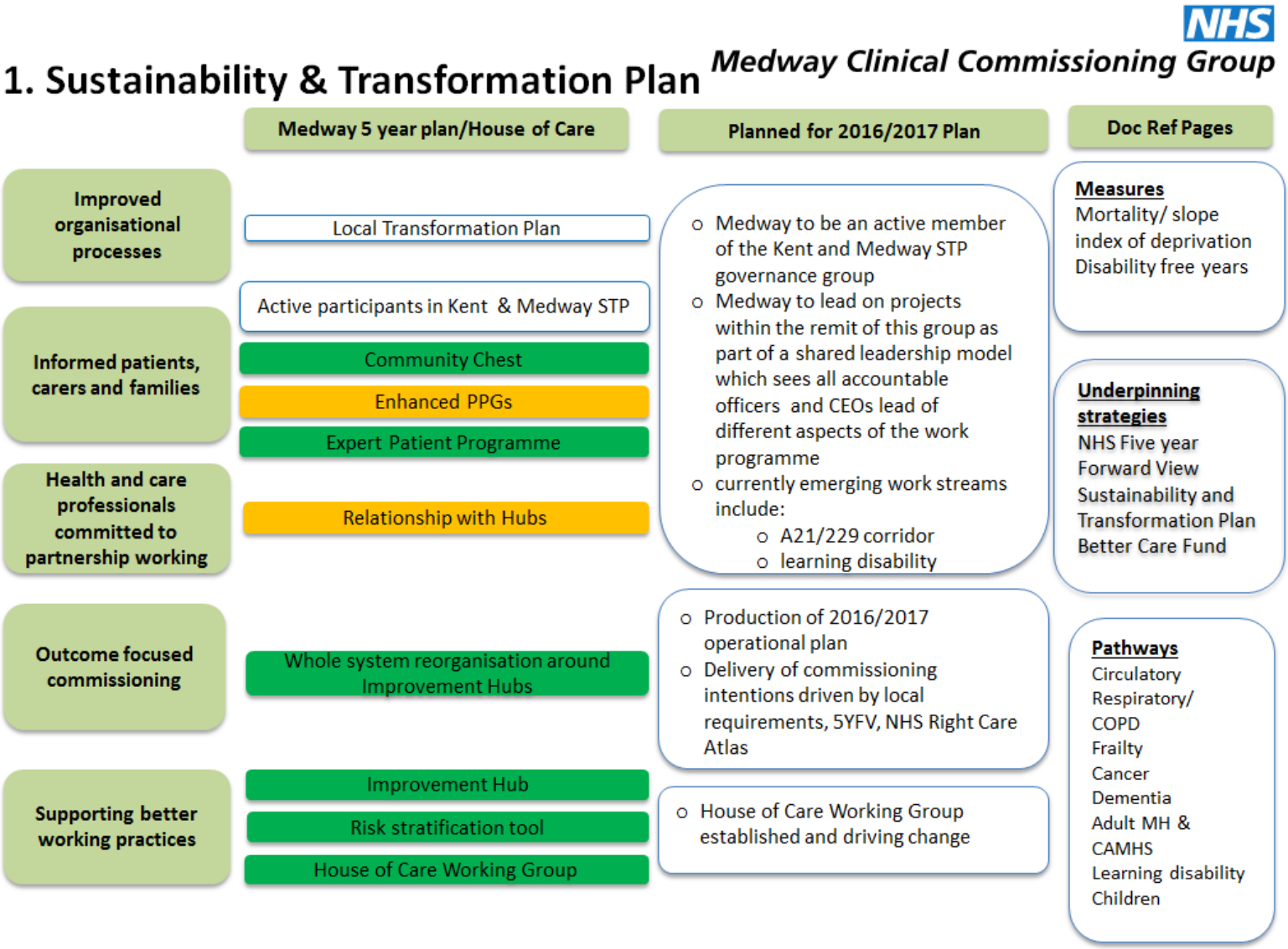
The strategy below explains how the Operational Plan links to Health and Wellbeing priorities.



As an enabler to the CCG ambitions for STP and House of Care, we have published an Estates Strategy which outlines our integrated commissioning intentions and their estates impact. The plan:

- Identifies core hold estate data gaps
- Considers demographic and health inequality needs
- Reiterates known high level estate initiatives including investment and disinvestment needs
- Identifies the need and recommendations for full usage of all 4 Healthy Living Centres (LIFT) carrying a current void cost of £397k pa
- Sets out the programme for reprovision of services
- from St Barts Hospital
- Includes the PCTF PID for feasibility and option appraisal to consider the GMS and community
- health infrastructure needs in Central Chatham
- Crystallises plans for the development of the new Children's Development Centre (CDC) in Strood.

1. Sustainability and Transformation Plan



Context

A strategic group has been formed across the Medway and Swale Health Economy and the CCG is in the process of developing a Medway and Swale Sustainability and Transformation Plan.

The group includes all providers, CCGs and Medway Council, and its aim is to develop the Medway and Swale STP while also aligning with the wider Kent and Medway STP. As well as the STP's aims of better health, transformed quality of care delivery and sustainable finances, the locality have added a further aim to incorporate staff wellbeing.

The first iteration was consulted on at the GP monthly meeting on 21st January, 2016, and consultation with other partners will continue via a number of avenues including the Health and Wellbeing Board.

Five-year plan

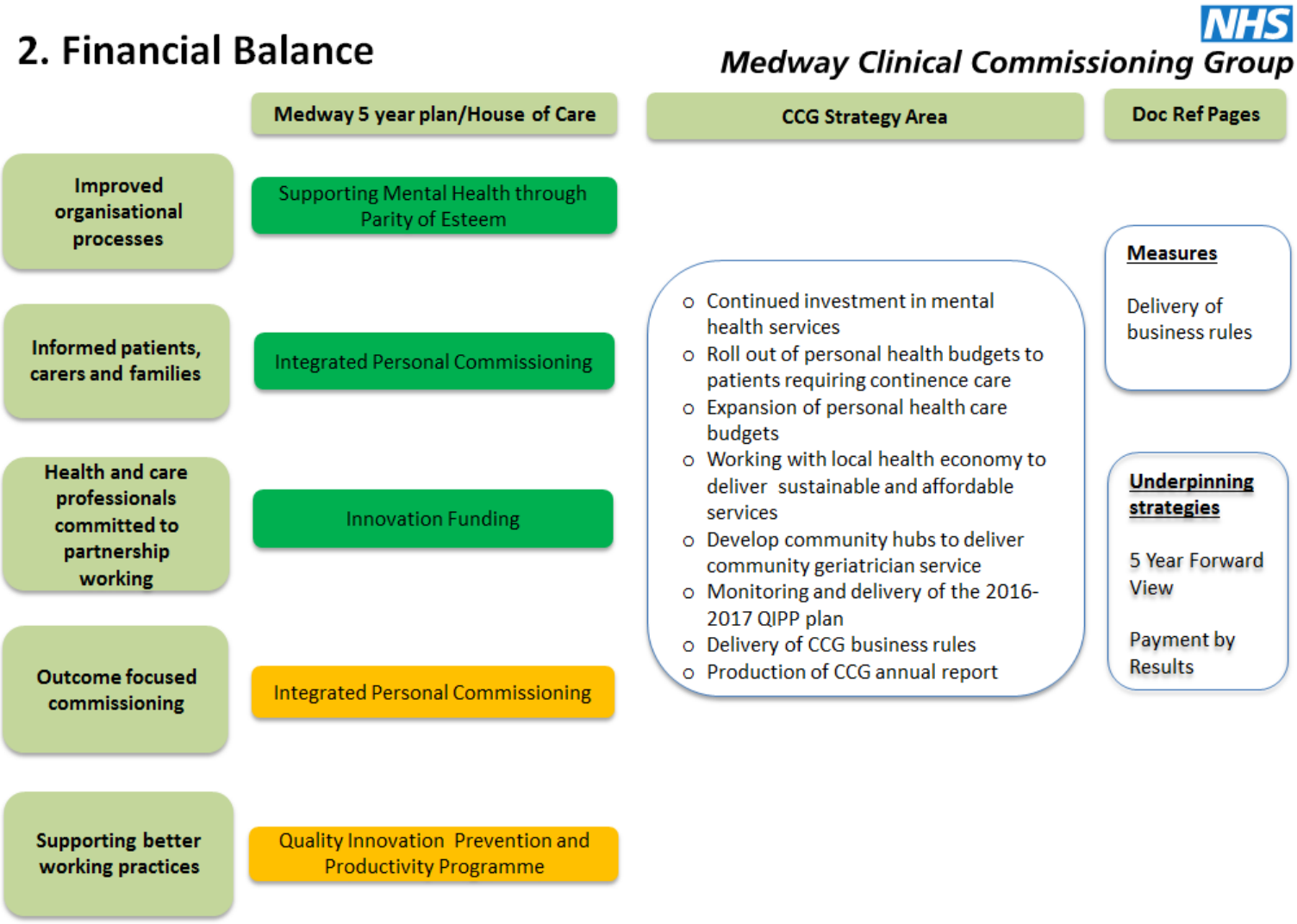
The STP lays out the Five Year Forward View (5YFV). The plan is locally defined according to natural communities, existing working relationships and patient flows. It takes account of the scale required to deliver the services, transformation and public health programmes required and how best to fit with the other plans it encompasses, as outlined in this Operational Plan.

One-year plan

The joint strategic group has regular reporting and risk assessment processes in place and will continue to meet on a fortnightly basis until June 2016, monthly thereafter.

Part of the development of the STP is the publication of this Operational Plan, which has a submission date of 4th April. An outline of the STP is therefore shown in the following chapters.

2. Financial balance



The financial context

In order to deliver its strategic objectives Medway CCG has developed a two year financial plan which underpins its strategy of sustainable and whole system change to the way care is received by local people as set out in 'Delivering the Five Year Forward View'. It is predicated on meeting the challenge of a changing and more demanding population through greater efficiency and productivity and a move to more self-care with high quality services closer to home and a greater emphasis on prevention.

Medway CCG has its 16-17 plans in line with changes to its resource allocation and revised expenditure plans in line with latest forecast and planned investments.

Medway CCGs plan will also meet the following financial targets and business rules for 2016/17 set out in Delivering the Forward View into action:

• Achieve target surplus of 1% - £3,593k

• Set aside 1% of allocation to be used non-recurrently - £3,492k

• Set aside a minimum 0.5% contingency – £1,797k

Allocation

The allocation for 16-17 includes overall growth of 5.2%. However it should be noted the allocation growth includes a number of previously non recurrent allocations, these include CAMHS (£369k), Primary Care IT (£747k) and ETO/DRT funding (£980k).

The Annual Plan

The additional funding will be used to deliver the 9 'Must do's', and investments has been built in the following areas;

• RTT Backlog

• Delivery of Cancer waiting standards

• Better Care Fund

• Investment in Mental Health services

The following table identifies the changes to the financial plan for the provision of services in Medway CCG for the next year:

Income and Expenditure	2015/16 Forecast Outturn	Total - 2016/17 Plan
Acute services		
Acute contracts -NHS (includes Ambulance services)	168,027	**172,816**
Acute contracts - Other providers (non-nhs, incl. VS)	5,865	**5,700**
Acute – Other	4,341	**4,779**
Acute - Exclusions / cost per case	-	**-**
Acute – NCAs	3,870	**3,998**
Acute - Pass-through payments	5,656	**5,497**
Sub-total - Acute services	**187,759**	**192,790**
Mental Health services		
MH contracts – NHS	22,518	**22,311**
MH contracts - Other providers (non-nhs, incl. VS)	1,162	**1,612**
MH – Other	1,778	**1,657**
MH - Exclusions / cost per case	3,393	**4,785**
MH – NCAs	208	**213**
MH - Pass-through payments	-	**-**
Sub-total - MH services	**29,059**	**30,577**
Community Health Services		
CH Contracts – NHS	1,936	**1,979**
CH Contracts - Other providers (non-nhs, incl. VS)	38,148	**39,050**
CH – Other	-	**-**
CH - Exclusions / cost per case	-	**-**
CH – NCAs	201	**206**
CH - Pass-through payments	1,713	**1,713**

Income and Expenditure	2015/16 Forecast Outturn	Total - 2016/17 Plan
Sub-total - Community services	**41,999**	**42,947**
Continuing Care services		
Continuing Care Services (All Care Groups)	13,995	**13,824**
Local Authority / Joint Services	-	**-**
Free Nursing Care	1,553	**1,647**
Sub-total - Continuing Care Services	**15,548**	**15,471**
Primary Care services		
Prescribing	49,076	**50,039**
Community Base Services	710	**738**
Out of Hours	-	**-**
PC – Other	(52)	**(54)**
Sub-total - Primary Care services	**49,734**	**50,724**
Other Programme services		
GP IT Costs	812	**747**
NHS Property Services re-charge (excluding running cost)	2,112	**3,020**
Voluntary Sector Grants / Services	-	**-**
Social Care	5,851	**5,939**
Other CCG reserves	-	**-**
Other Programme Services	2,459	**1,707**
1% Non Recurrent - uncommitted funds		**3,492**
Sub-total - Other Programme services	**11,234**	**14,905**
Total - Commissioning services	**335,332**	**347,414**
Running Costs		
CCG Pay costs	2,664	**2,691**
CSU Re-charge	478	**478**
NHS Property Services re-charge / CHP Charges	603	**603**
Running Costs - Other Non-pay	2,293	**2,697**
Sub-total - Running costs	**6,038**	**6,469**
Contingency		1,797
Total Application of Funds	**341,371**	**355,680**
Surplus/(Deficit)	**3,602**	**3,595**

The plan assumes price growth of 1.8% and demographic and non-demographic growth of 1% and 0.5% respectively which has been applied consistently across plan, with the exception of the areas set out below;

Acute Service – Investment in clearing the substantial backlog in RTT at local provider. This includes both admitted and non-admitted pathways and also includes diagnostics required to deliver the trajectories agreed with the Trust (£4m).

Mental Health - Spend has been increased by the total percentage growth the CCG has received of 5.2% on programme spend (£1.5m). The schemes to be funded from this additional resource are being deliver the three key areas of IAPT, Psychosis Referrals, and improving dementia diagnosis rates.

Continuing Health Care – This area has seen significant growth in 14/15 nationally, it is anticipated funding will need to be increased by 5% over the coming year, and this is built into the plan. CHC Risk share contribution (£576k) has also been included. This is significantly lower than the 14/15 contribution of £1,441k.

Prescribing - Horizon scanning has identified additional costs above the growth in demographics. An additional 3% has been included in plans.

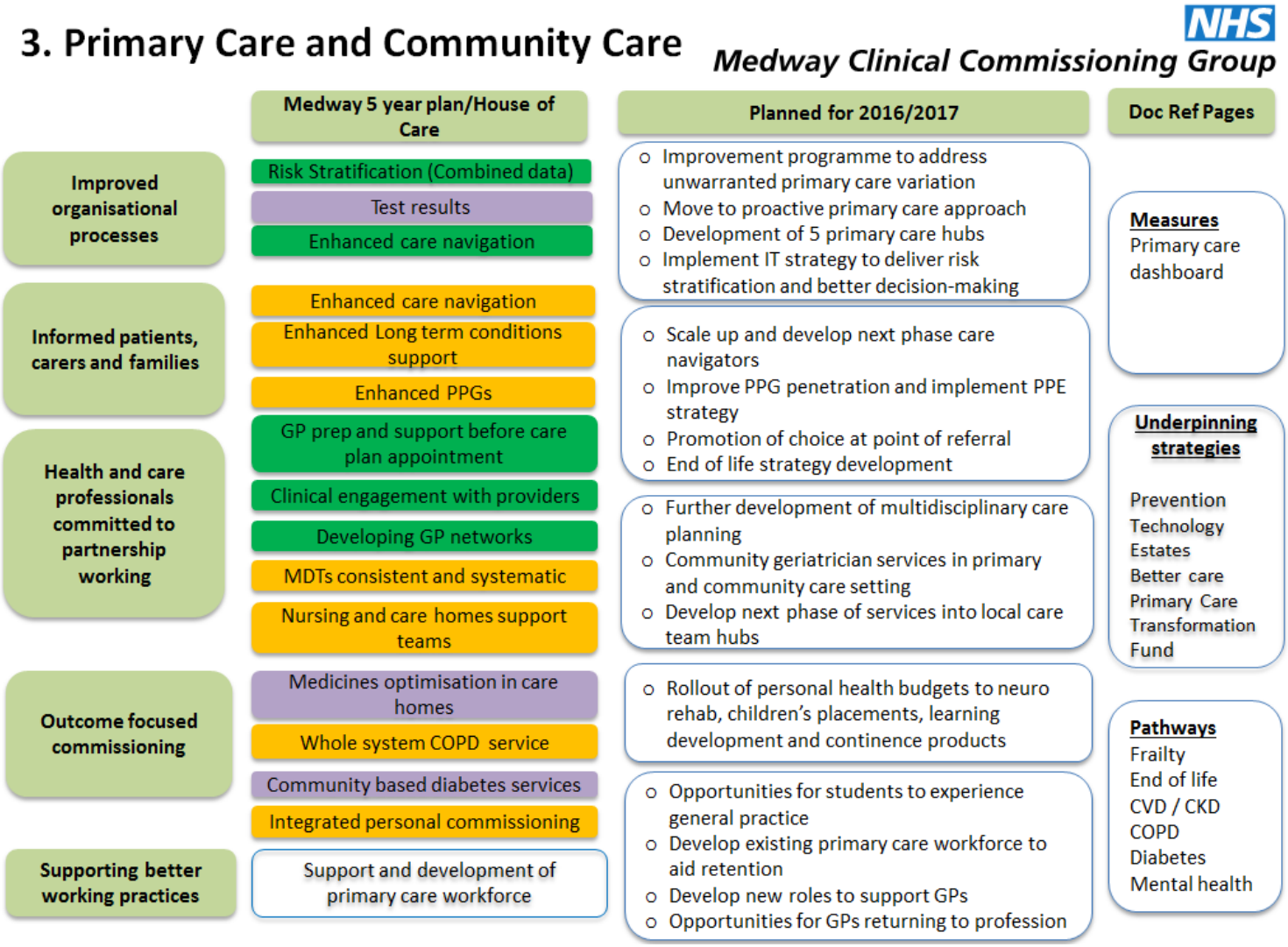
Better Care Fund – The increase in minimum contributions (£410k) to the Better Care Fund for 16-17 has been reflected in the plan.

The CCG has a QIPP financial target of £8.2m (2.3% of total allocation) which forms part of the commissioning intentions for the CCG.

Robust programme management processes have been put in place to mitigate against under delivery or slippage against all QIPP schemes in the form of a QIPP Assurance approach that includes monthly meetings with finance and commissioning teams and activity information monitoring impact of the delivery of the initiatives. The CCG has a good record in delivering QIPP with delivery of 83% in 14-15 and forecast delivery of 110% in 15-16. The CCG is confident in delivering its programme in 16-17.

A draft tariff has been released, work is ongoing to model the impact of this, this remains a risk until quantified.

3. Primary Care



3.1 Primary Care Workforce

Context

GPs and their practices have and will play an important role in influencing the CCG operational plans. The operational plan will only succeed with the clinical ownership of GPs and working in conjunction with our local authority and health partners. Key areas for primary care include:

1. To have a clear focus for primary care around addressing the improvements in health outcomes and overall quality. This would include supporting continued improvement in the quality and productivity of primary care services, ensuring universal quality standards of service delivery through the Local Care Teams, closer working with the quality team, further development of a primary care dashboard and an agreed approach to managing clinical variation.

2. To establish integrated care networks of practices to collaborate across health and with other care providers across Medway to deliver population based services through 'Community Hubs' as part of the new models of care in line with the Five Year Forward View. This will provide a broader range of clinical services locally for patients. It is expected that the patient will have an improved experience, with a better managed episode of care by reducing duplication across the provider services and ensure existing estate is fully maximised.

3. To work as a catalyst for encouraging practices to work together with a focus on enablement and empowerment of member practices to build a shared sense of responsibility and capacity and capability in clinical leadership to support the implementation of the Strategy.

4. To encourage universal population coverage of health care, fairness, equity and transparency in the way general practice services are commissioned and assurance of value for money and to support better collaborative working across practices.

5. To have a workforce plan that supports succession planning and enhanced role of GPs, nurses, practice managers and other allied practice staff. This will need to consider links to all health professionals in the integrated care model and ensure we develop a clear GP retention plan line with the national 10 point plan. To harness the skills of allied health professionals to support and complement those of General Practice in order to make best use of the varied workforce to deliver high quality care.

6. To maximise the role of information management and technology to ensure practices are able to access high quality information relating to their patients in order to improve quality and value for money.

7. To improve the overall health promotion, early diagnosis, self-awareness and self-care of the population of Medway.

The delivery of Primary Care Services in Medway faces some significant challenges. Of the 54 practices 17 are single-handed and 38.6% of the GP population is over the age of 60.

Five-year plan

Primary Care is at the centre of the Medway CCG strategy. A focus on prevention and support for patients outside of a hospital environment sees more and more services being provided in and around a primary care environment, with a focus on the multidisciplinary approach to patient-centred care.

One-year plan

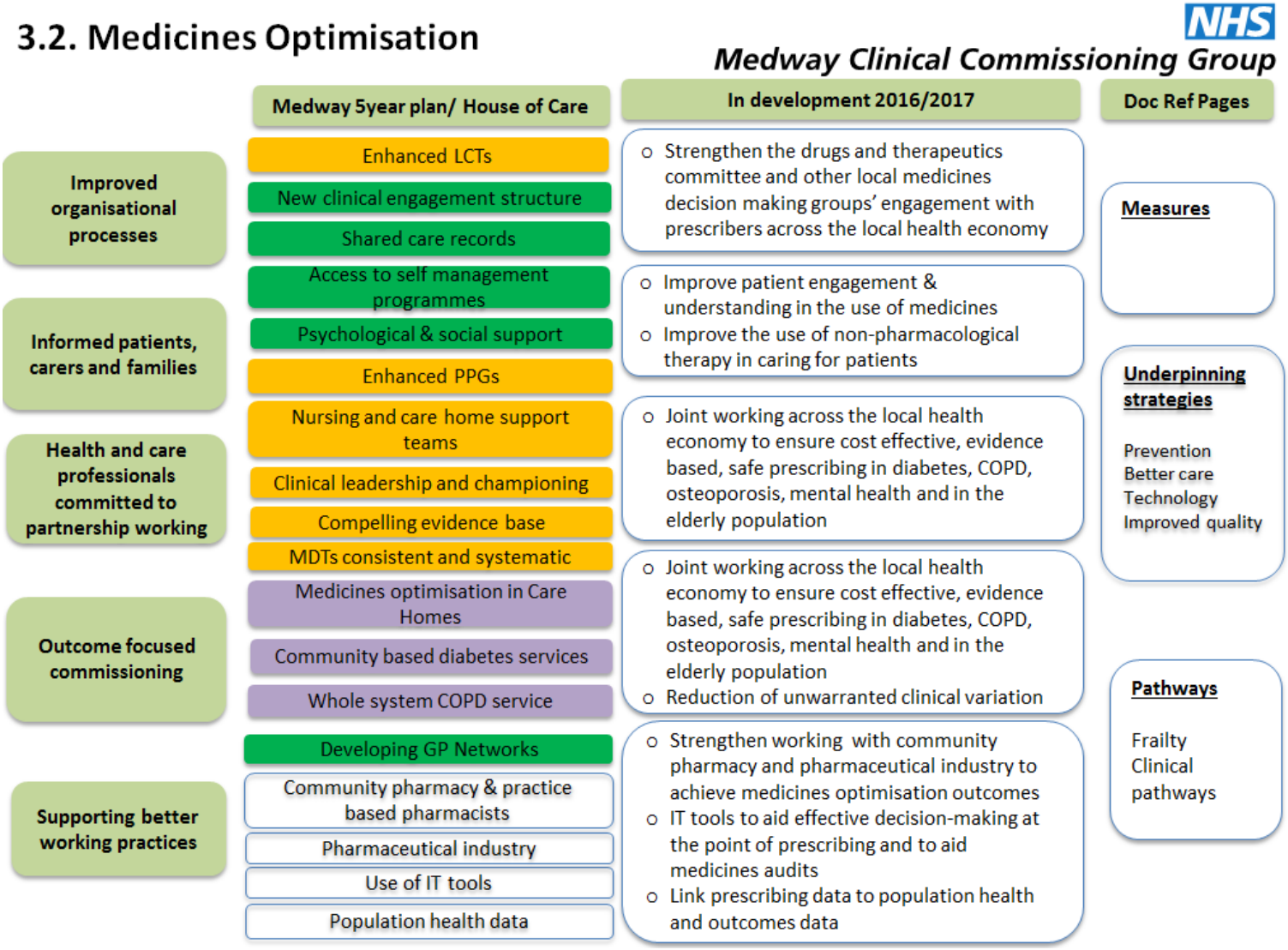
The initiatives being taken forward include:

- Creation of opportunities for students to experience Primary Care:
    - Pre-registration of Adult Nursing Student Placements and nurse mentors
    - Becoming a GP Trainer/Training Practice
    - Additional opportunities for non-accredited training practices to host medical and nursing students – membership of Medway CEPN
- Developing the existing Primary Care Workforce to add retention:
    - Foundation degree/Improved access to nurse training opportunities for HCAs
    - Practice Nurse Pathway Course – career structure for PNs
    - Independent non-medical prescribers/Advanced nurse practitioners apprentices – business (admin staff) or health and social care (HCAs)
- Creating opportunities for those returning to the profession:
    - GP Retainer Scheme – new programme for 2016
    - Induction and refresher scheme for GPs – new programme for 2016

    - Return to Nursing Campaign – new programme for 2016
- Creation of new roles to support GPs:
    - Practice-based pharmacists – successful NHSE bid for 10 community pharmacists in 2016.
    - Physician Associates – training commences locally in 2016
- Offering enhanced training to help update knowledge and skills
    - Clinical Education sessions to promote opportunities to develop primary care based services
    - MDT development training
    - Innovation and improvement development opportunities

The CCG is working with NHSE on the national programme of support for vulnerable practices and supporting the development of Patient Participation Groups (PPGs) across Medway (see section 9).

3.2 Medicines Optimisation



Context

The CCG has been working to improve the quality of prescribing for vulnerable patients, to reduce unwarranted variation in prescribing and to reduce medicines waste.

Nursing home medication reviews have been conducted, leading to a pharmacist working within the multidisciplinary care home team with the primary focus being to reduce inappropriately prescribed medicines, including a review of:

- The anticholinergic burden to improve cognition and prevent falls
- Prescribing of low-dose antipsychotics in elderly patients with no history of mental issues
- Attempts to improve monitoring (such as ECG or prolactin levels)
- Ensuring residents have access to over the counter medicines in a timely manner
- Improving administration by implementing a covert administration good practice guidance in each nursing home

In addition to improved clinical outcomes for residents, £156,000 savings were made in a 12-month period solely from these medication reviews.

Ongoing efforts that are continuing into year one have resulted in:

- Controlled local prescribing growth – latest data shows an annualised growth rate of 5%, in line with the national rate.
- Drawing the local average prescribing spend closer to the national average.
- Achieving significant reduction in prescribing costs and quantities for key medicines with a high spend.

Five-year plan

The aims are:

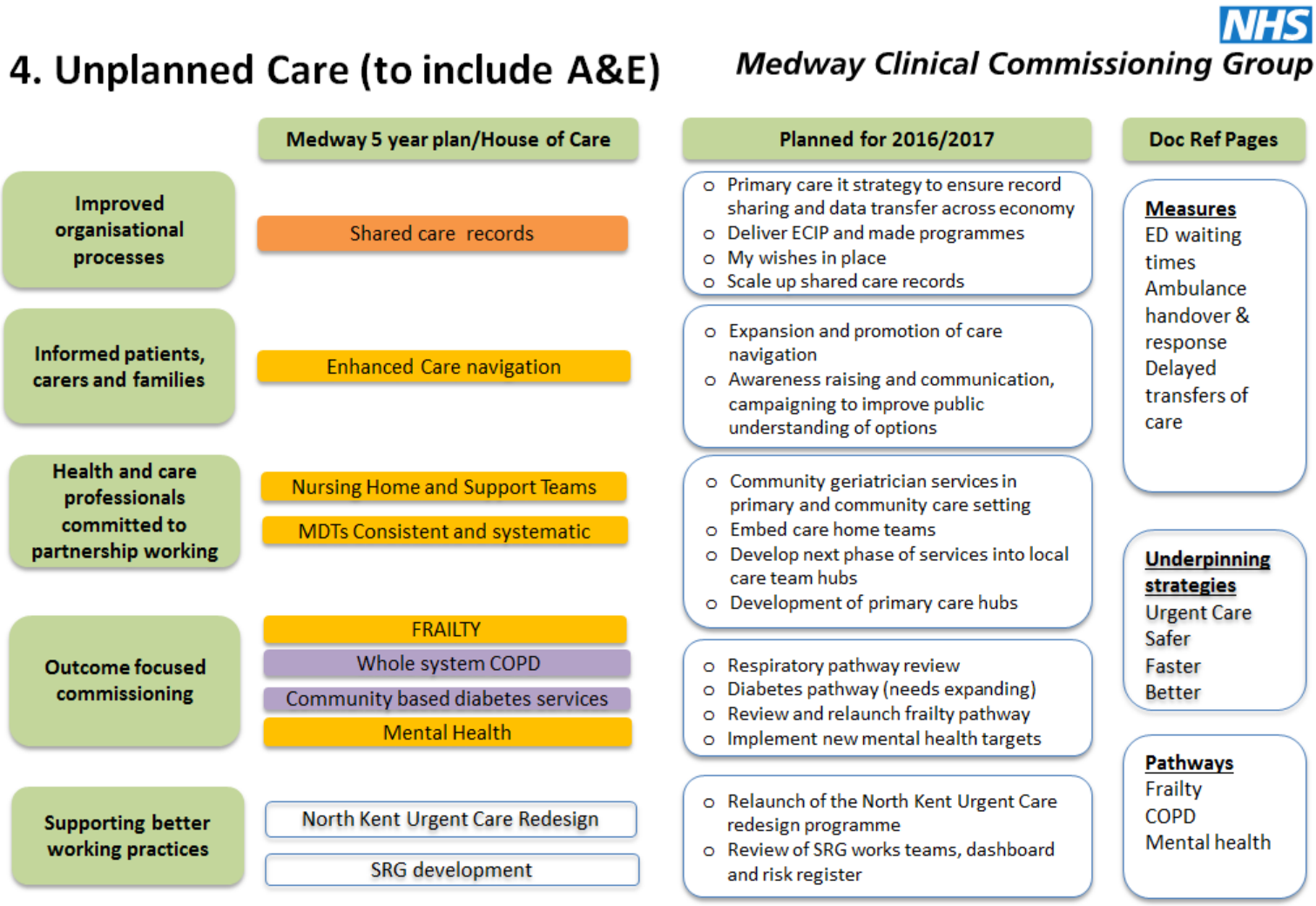
- To improve the use of medicines and the transfer of medicines-related information when patients are transferred between health and social care settings.
- Strengthen engagement between social care, secondary care, community provider, community pharmacy and primary care in relation to the use of medicines.
- Manage the clinical and financial risks associated with the use of medicines.
- Achieve high quality use of medicines.

One-year plan

Work started in 2015/16 continues. Focus areas include:

- Patients living in their own homes and taking six or more medications:
    - Primary care prescribers have been issued with the tools and guidance necessary to enable reviews of inappropriately prescribed medicines
- Improving the use of medicines and of patient education in the management of asthma. Joint working and the development of further guidance enables primary care prescribers to review patients effectively to:
    - Step down high doses of inhaled corticosteroids
    - Review patients using high amounts of short-acting relievers
    - Check patients' inhaler techniques
    - Implement asthma management plans for patients at high risk of exacerbations
    - Achieve cost-effective prescribing of asthma treatment regimes
- Work to improve local decision-making, with the Medway and Swale Drugs and Therapeutics Committee developing joint prescribing pathways in key therapeutic areas and strengthening engagement with prescribers.
- Work to improve monitoring of high-risk drugs such as lithium, methotrexate and other disease-modifying drugs, with audits using IT tools and highlighting awareness of the importance of effective monitoring among prescribers.
- Significant work to increase uptake of the Electronic Prescription Service, repeat dispensing and improved engagement with community pharmacy in Medway.
- Increased patient engagement with the use of medicines.
- Joint working across the local health economy to ensure cost-effective, evidence-based safe prescribing in diabetes, COPD, osteoporosis, mental health and in the elderly population.
- Link prescribing information to clinical outcomes and hospital admissions data to improve engagement with primary care and better understand reasons for variation in prescribing.
- Improve management of national tariff-excluded drugs.

4. Urgent care including A&E



Context

At the end of 2014 a clinical audit and an externally commissioned patient and public survey identified the way Medway residents access urgent care services.

- Around half the people attending A&E report this was the first place they visited with their current complaint, many are not even trying to access their GP first.
- Over a fifth of patients believed A&E was the only service able to treat them.
- Within the audit 56% of self-presenting patients and 11% arriving by ambulance could have been helped by a GP, pharmacist or called 111 in the first instance.
- A large number of patients were frequent service users, with 11+ attendances.

Medway NHS Foundation Trust serves a population of approximately 400,000 across Medway and Swale. The Trust continues to face significant challenges delivering its ED performance targets. Further to the CQC report in January 2016, the CCG is working closely with key individuals to address identified underperformance, including the timely management and escalation of patients attending the emergency department to ensure patients can receive treatment in line with national standards or best practice recommendations. A whole systems approach has been to address this.

A brief overview of work to date includes:

- Resilience funding of £1.713m has been allocated, to focus on ED and admission avoidance and facilitating time discharge, this aligns to key work streams within ECIP. These schemes include:
    - Additional target capacity in the Medway On Call Care Service (MedOCC), which provides a local GP out of hours service and a number of pathways to support ED.
    - Funding a Frequent Service Users (FSU) post to underpin key elements of the whole system FSU project.
    - Strengthen the seasonal communication plan through targeted messaging on alternatives to ED.
    - Implementation of Community Geriatricians to outreach in Healthy Living Centres.
    - Strengthening the whole system integrated discharge team based at MFT through additional posts, implementing a carers coordinator and a six-day respiratory early supported discharge service, expanding the equipment stock to minimise delays.
- The Community Falls Service has been reviewed and strengthened, successfully reducing the conveyance rate for falls patients from 39% in 2012/13 to 25-26% in 2015/16, with a reduction in repeat response rates too.
- Last year, Medway CCG undertook a full review and refresh of NHS 111 Directory of Service. (DoS) As a result three additional DoS Champions have now been appointed. In conjunction with two other CCGs in North Kent an NHS 111 DoS Capacity Management Protocol has agreed a standard approach to the management of unexpected surges of activity.
- A full refresh of the North Kent Surge and Escalation Management Plan has been undertaken. This has significantly improved understanding of the benefits of partnership working and building stronger communication links prior to winter. Direct provider to provider communication is more evident and improving escalation processes and responses, although further work is still required.
- The Integrated Care Home Team (ICHT) pilot in 2014/15 led to a number of improvements, including in prescribing, guidance to care homes and the development of a Transfer of Care form.

Five-year plan

For the Medway and Swales CCGs Urgent Care Redesign Programme, the North Kent CCGs, which include Medway, established a programme to review and redesign Urgent Care Services. The priority was integration and simplification of urgent and emergency care services within the five-year strategic commissioning plans.

This programme progressed well, with good engagement at a local level, as well as work with urgent care services and other services that interface and therefore need to be reflected within the developing pathways and specifications.

Objectives include:

- Detail the options for the design and location of urgent and emergency care services in line with national recommendations, best practice and local need.
- Full consultation and approval.
- Decommissioning as appropriate.
- Procurement and implementation as appropriate.
- Improved patient experience and access to services.
- Effective use of resource, by ensuring patients are seen by the appropriate health care professional in the most appropriate setting.
- Integrated working.
- Reduce “inappropriate” A&E attendances and unplanned admissions.

- Ensure the CCG and local health economy remains on a sound financial footing in the future.
- Deliver QIPP savings from 2016/17 onwards.

However, in July 2015 all CCGs received a letter from NHSE. This outline the future publication of new commissioning standards and requested all further procurements of NHS 111 and OOH services should be suspended until the end of September. The Urgent Care Redesign Programme has therefore been paused.

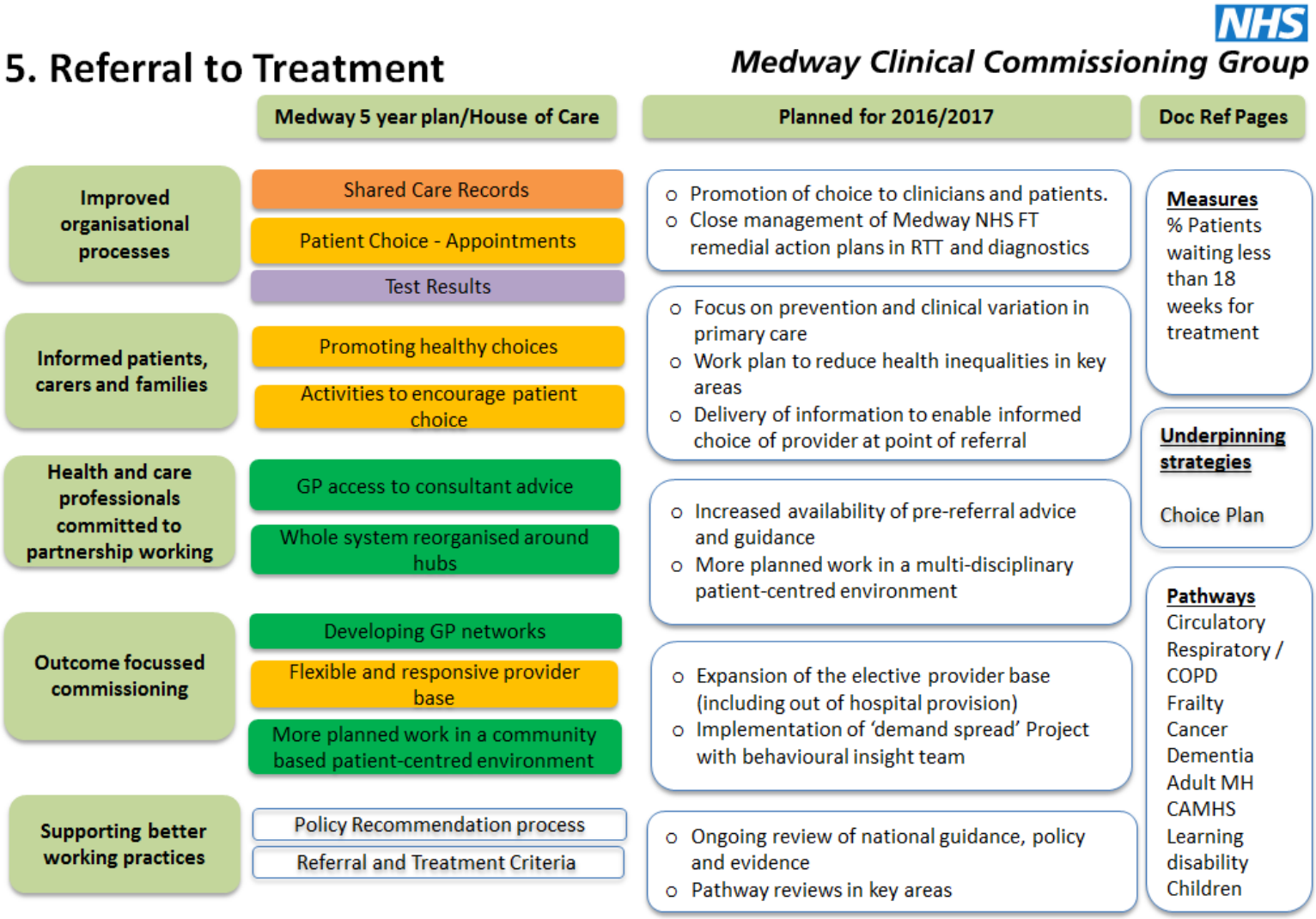
A number of new documents have now been received and the redesign programme and implementation will restart in the new financial year.

One-year plan

This focuses on a number of key areas: Resilience;The Community Falls Service; NHS 111 Directory of Service (DoS); Frequent Service Users; North Kent Surge and Escalation Management; Medway On Call Care (MedOCC); Care Homes; and Communications.

- Resilience funding is currently being used to recruit a Frequent Service User (FSU)
- An IT solution is being developed that will enable improved sharing of information about patients who frequently call 999. Other initiatives such as social prescribing will be incorporated into this work.
- The Primary Care clinical variation programme will target FSU
- Targeted communications are planned for SECAmb crews, MedOCC and A&E to continue to tackle admissions due to falls, alongside the continuation of the ICHT pilot into 2016/17.
- The three NHS 111 DoS Champions will review all GP information and establish better links between existing directories for social and voluntary sector organisations.
- Improve Medway's NHS 111 DoS to enable the service to be fully utilised across the whole health and social care system.
- In April 2016 development of the updated North Kent Surge and Escalation Management Plan will begin.
- A review of MedOCC will consider service efficiency in preparation for contract negotiations and the restart of the urgent care review
- A Self-Assessment process has been developed that will help inform the ICHT going forward.
- Winter communication and public health campaigns continue to be run, they are monitored via the SRG.
- The ICHT has been extended and a number of work streams have been identified,
- A range of communications too will continue to be utilised to improve awareness amongst the community.

5. Referral to treatmen



Context

Although the demand for elective activity has been within expected levels in the last 12 months, capacity challenges at the main provider for the CCG – Medway NHS Foundation Trust – have led to a large increase in the number of Medway patients waiting more than 18 weeks for elective treatment. The impact is particularly significant in the specialities of orthopaedics, ENT and dermatology, and in imaging and endoscopy diagnostics.

Five-year plan

This vision will expand as work on the Sustainability and Transformation Plan progresses. At present the key elements include:

- Increase focus on prevention work to mitigate demand growth.
- Increase community provision for services sensitive to being provided out of hospital.
- More planned work in a multi-disciplinary patient-centred environment.
- Risks associated with MFT's potential underperformance in RTT have been mitigated through a call off contract with alternative providers

One-year plan

Work to address capacity issues and to develop and expand capacity in other sectors is ongoing. Key actions undertaken with Medway NHS Foundation Trust include:

- Close performance management of the Trust's remedial action plans.
- Review of processes in the imaging department.
- Investment in penalty funding in additional resource to source capacity.
- Modelling of demand and capacity at MFT.
- Development of robust management information and data validation processes.
- Work with the national RTT PMO to identify and use all available external capacity.
- Agreeing a trajectory to move back to RTT compliance by January 2017.
- Implementing robust management of very long waits.
- In-house additional endoscopy sessions and pooling of endoscopy lists between Gastrologist Consultants and Colorectal Consultants.

Key actions taken by the CCG across the system have included:

- Commissioning additional community capacity in Dermatology and Orthopaedics.
- Expansion and promotion of e-referral, ensuring more providers are accessible for patients to choose from on the system.
- Implementation of a GP-led referral advice service for ENT and Dermatology, with a focus on delivering appropriate referrals and increasing the number of patients supported to self-care or managed in primary care.

The key objectives for 2016/17 are to ensure:

- Elective pathways are efficient, sustainable and fit for purpose.
- Patients are supported to choose the provider that best meets their needs.
- Sufficient capacity is commissioned across the system to deliver waiting times below 18 weeks by January 2017.

The CCG's Choice Plan will be published in April 2016. This recognises the fact outsourced capacity is not always the best option if patients prefer to be treated by the provider of their choice, rather than a subcontractor. The plan will include:

- Expansion of the elective provider base (including out of hospital provision).
- Promotion of choice to clinicians and patients.
- Delivery of information to enable informed choice of provider at point of referral.
- Increased availability of pre-referral advice and guidance.

Where insufficient capacity is available, the CCG is seeking to contract other providers as well as working with MFT to develop more internal capacity. This includes supporting expansion of endoscopy capacity through the accreditation of an additional unit in Kent. The dermatology pathway is also due to be reviewed.

The latest version of the Right Care Commissioning for Value Pack shows potential savings for the CCG of: £300k-£586k for neurological; £210k for circulation; £629k for musculo-skeletal; and £901k for genito-urinary. These are part of the pathway review for year one.

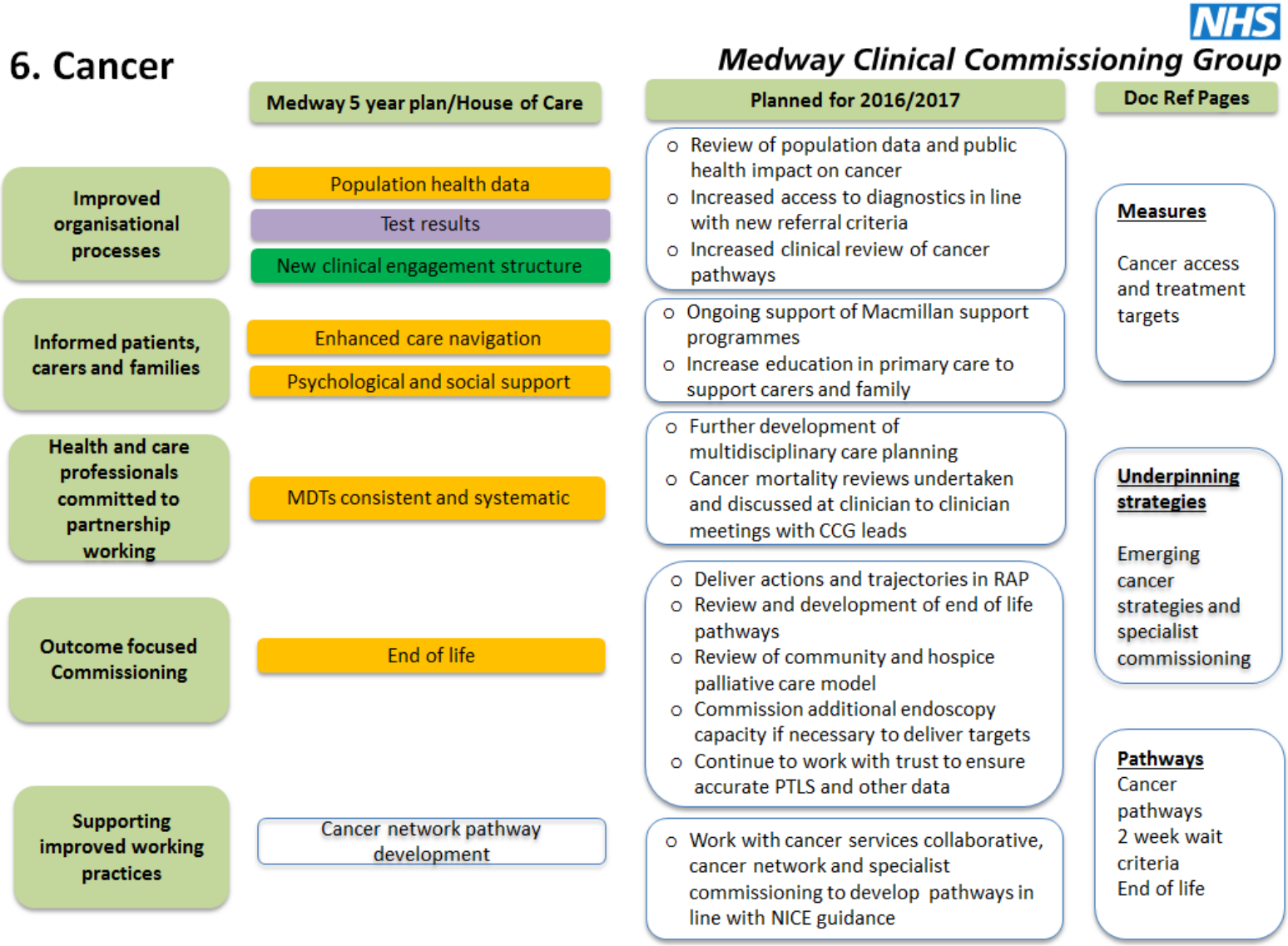
Further actions to address immediate diagnostic performance issues include:

- Imaging
    - Capacity, demand and pathway work to be undertaken for each modality.
    - CT capacity to be expanded.

- Further work is needed to reduce waits for tests and reporting times to minimise impact on the 18-week pathways.

- Endoscopy
  - Improve efficiency of booking processes and units undertaken.
  - Offer in-house additional sessions during evenings and weekends.
  - Increase external capacity.
  - Review of long-term capacity and demand, as well as internal development.

6. Cancer



Context

Medway is working to achieve the 62-day standard through a programme of awareness, improved diagnostic capacity and detailed planning. Trajectories are set for compliance with all cancer targets by April 2016.

The prevalence of smoking and obesity is higher in Medway than the England average, but alcohol consumption is at a similar level to the rest of the country. Over time the incidence of all cancers among people aged under 75 has increased in Medway, as in England. Each year in Medway, there are more than 320 deaths (412.3 per 100,000 population) due to cancers in people aged under 75. However, the completeness of

cancer staging has improved: 2013 saw a rise from the previous year with 5.3% of lung cancer, 16.7% of bowel caner and 10.1% of breast cancer recorded as un-staged.

Five-year plan

- Work will continue to implement the recommendations of "Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020".
- All aspects of the Living with and Beyond cancer recovery package will be fully-implemented.
- Find out faster – full roll-out of the 28-day diagnosis target will be implemented.
- Significant improvement of the one-year survival rate through a range of measures listed as ongoing or beginning in year one.
- By addressing variation in primary care, and by increasing awareness and by increasing awareness with the public we will reduce diagnoses through emergency routes
- Increase diagnostic capacity through training and awareness-raising.

One-year plan

The planned approach for year one reflects the 6 Cancer Strategic Priorities.

Ongoing work includes:

- A cancer delivery plan to raise awareness and screening uptakes was developed jointly with Public Health, the CCG and the Medway Council communications team and approved by the Health and Wellbeing Board in 2014. Implementation will continue in year one. This includes:
    - Delivery of preventative programmes to shift the focus towards improving health.
    - In particular, the NHS Health Checks programme focuses on overlapping risk factors such as obesity, smoking and excessive alcohol consumption.
    - Provision of health improvement services such as substance misuse, stop smoking and healthy weight services.
- Continue to encourage men and women aged 60-74 to take up bowel cancer screening. (Uptake in 2014/15 was above the national target, at 56%, however this figure is lower in deprived areas of Medway.) To do this, Medway GPs are working with the Southern Hub Bowel Cancer Screening Programme.
- 2016 will be the final year of the Bowel Scope Programme. Medway was one of six areas chosen to pilot this national scheme. Work continues with both the provider and GPs to ensure eligible patients are aware of the programme.
- Just over one year remains of a Macmillan-funded GP post. Their three-year tenure has included:
    - An audit of diagnosis of colorectal and lung cancer patients, with recommendations incorporated into the work plan.
    - Promoting the use of cancer decision tools to encourage early diagnosis, with the aim of improving cancer outcomes and survival rates.
    - Offering support and training to peers.
    - Participation in Local Care Team Meetings to promote messages.
- A recently-appointed End of Life Care CNS has a focus on strategy and action plans for year one.
- Mortality is now an agenda item for every GP/consultant/clinical group meeting. In addition a monthly mortality touchbase call has been established with MFT to review Dr Foster alerts.
- As a result of the National Awareness and Early Diagnosis Initiative (NAEDI) to assess public knowledge and awareness of cancer symptoms, efforts continue to

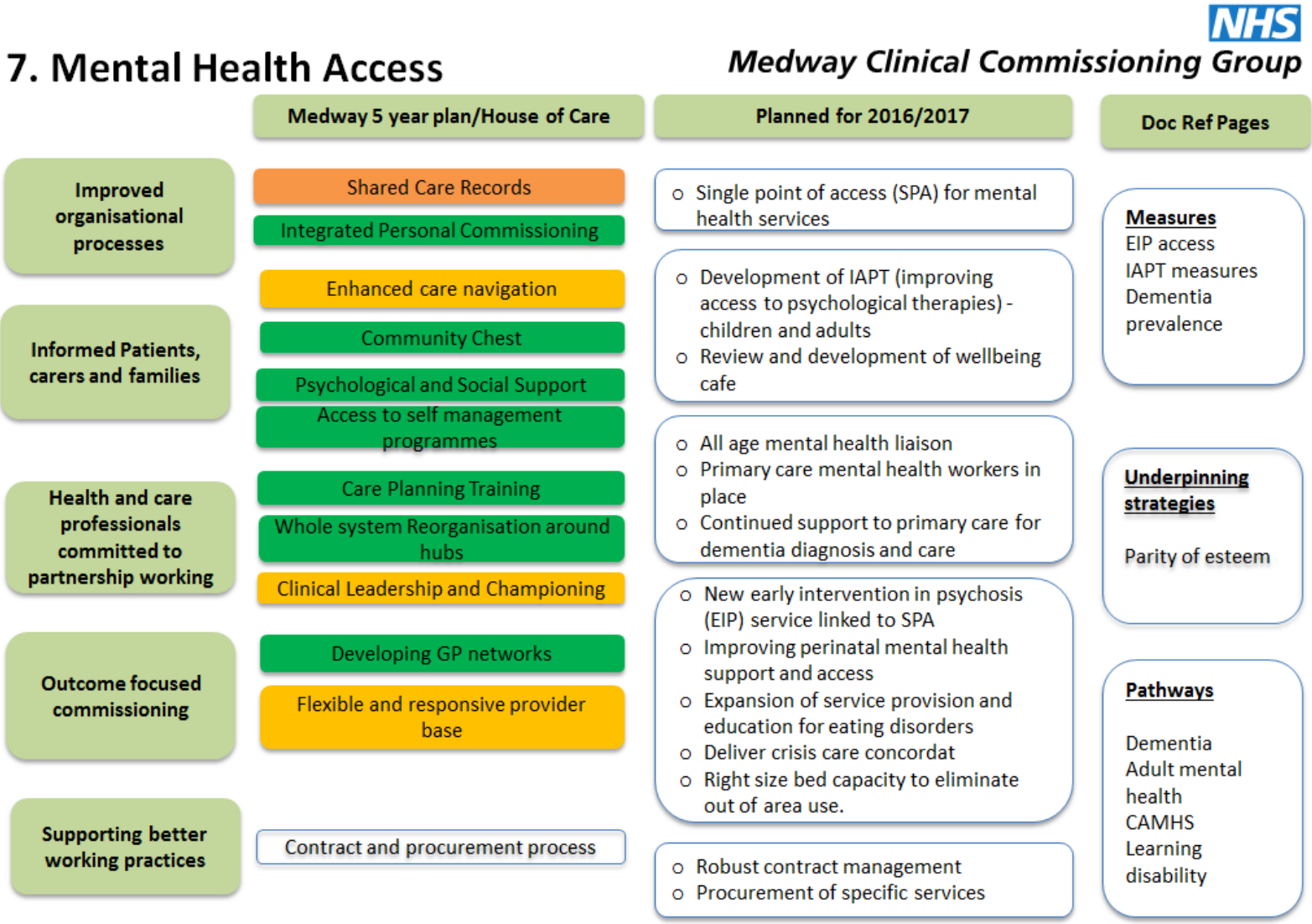
raise awareness and encourage screening uptake. This focuses on lung, breast and colorectal cancers.

- Kent and Medway Cancer Collaborative (KMCC) will continue to hold quarterly Medway Cancer Locality Groups to update patients and gather feedback. This group is being reviewed in an attempt to reach more service users, in particular BME groups.
- Medway has piloted a Living with and Beyond clinic, this will be re-addressed to be recommissioned.

New initiatives include:

- Medway has secured funding to provide 10 practice nurses with training on Macmillan Practice Nurse Courses.
- A bid is also being finalised to secure funding for a Macmillan Practice Nurse Facilitator (MPNF). This role will support the Macmillan GP and Macmillan Practice Nurse Course. The facilitator will:
    - Enhance training and knowledge across the CCG.
    - Formulate frameworks and strategies to ensure patients are provided with cancer care reviews and health promotion.
    - Empower patients with self-management and recognition of re-accruing symptoms.
    - It is anticipated these efforts will improve the QOF measurement for Cancer Care Reviews from 2013/14's 75.74%.
- There are plans to improve MDT meetings between Primary Care, Community Nursing teams and community Specialist Palliative Care Teams to improve the management of End of Life patients in the community.
- My Wishes, the electronic database of wishes for End of Life patients, is to be reviewed and re-launched.
- An action has been raised for the MFT EOL Steering Group to improve the discharge notification process to Primary Care and Community Nursing.
- Medway CCG is working with the Strategic Clinical Network to ensure the Two Week Wait Proforma is revised to reflect the new NICE guidance (NG12).
    - The new plan will ensure the capacity to respond to new demand is expanded.
    - Communication and support will be offered to GPs via the Medway Macmillan GP, as well as the tools available from various sources such as Cancer Research.
    - It will initially be uploaded to the Map of Medicine, before being uploaded n e-referral.
    - To support patients and highlight the importance of attendance at the appointment within the two weeks, a patient information leaflet has been compiled. This is currently under consultation with the Medway Cancer Locality Group to ensure it meets the needs of patients.
- Cancer pathways are being developed to ensure all aspects are performed within timed deadlines.

7. Mental Health Access



7.1 Local Transformation Plan

Context

The Medway Local Transformation Plan (LTP) sets out shared commitment and priorities towards achieving a brighter future for children and young people's emotional and mental health and wellbeing, regardless of their circumstances.

The LTP has been developed in response to the recent report of the Government's Children and Young People's Mental Health Taskforce, Future in Mind and in accordance with national guidance published to CCGs on 3 August 2015. In 2016/17 additional funding (£516k) is available to Medway CCG and partners to take forward the plans and actions within the LTP.

Medway CCG and Council have held engagement activities with the community and drawn information from a range of sources in order to gain a fuller understanding of the level of need in Medway and to enable the establishment of a more connected 'whole system' of support around emotional well being which is locally based.

NHS England noted the LTP had been designed and built upon need, which was seen as a strength, they also noted the strong input by children, young people and families.

Prior to year-one, LTP implementation has included:

- Development of an Early Help commissioning plan
- CAMHS Tier 2 'in-house' service realignment and additional clinical supervision through Sussex Partnership Trust (Tier 3 provider)
- Recruitment of three additional Primary Mental Health Workers at CAMHS Tier 2, and a CAMHS Service Transformation lead
- Additional capacity in psychology and therapeutic support for Looked After Children
- Multi-agency workforce development and training
- Extension of a post abuse/post sexual abuse therapy pilot through a local children's centre
- Scoping and preparatory work in relation to a NICE-compliant Community Eating Disorder Service

Five-year plan

A new Medway Emotional Health and Wellbeing Service will start in September 2017. The focus for investment will be capacity building in the wider system to ensure the service is in the best possible shape prior to the award and mobilisation of new contract(s).

In line with Future in Mind, Medway's vision for Children and Young People's Emotional Health and Wellbeing services includes:

- Improved public awareness to remove the fear, stigma and discrimination attached to mental health, as well as making services more visible and accessible.
- CYP having timely access to clinically effective mental health support.
- A step change in delivery of care, so it is built around the needs of CYP and their families, including an increased use of evidence-based treatments and programmes of intervention and support, with a focus on outcomes.
- Improved care for CYP in crisis, at the right place, the right time and as close to home as possible. This includes programmes of intervention and support to strengthen the attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
- Improved transparency and accountability across the whole system.
- Training professionals who work with CYP to ensure a better understanding of needs and support.

One-year plan

This will be a pivotal year for Emotional Wellbeing and Mental Health Services for CYP in Medway. The CCG and council will be consulting with stakeholders and the market on a revised service model in Medway.

Investment plans will include:

- Roll-out of Early Help Commissioning plans in conjunction with schools, colleges and other key stakeholders
- Development of the community Eating Disorder Service in line with national guidance
- Commitment to embedding CYP IAPT

Key elements of the LTP include:

Universal and Universal+ (level 1)

- Schools to be empowered to deliver whole school approaches to resilience-building and emotional wellbeing, with involvement from trained clinicians. As well as work to prepare for transitions between schools and/or colleges.
- Improved mental health awareness.
- Delivering information that is helpful to CYP, parents and school staff.
- Wider offer to schools around workforce development and consultation advice, leading to raised confidence and skill when identifying and responding to CYP with emotional wellbeing difficulties.
- Review, identify and promote best practice in relation to peer support schemes for older teenagers with a view to increasing the offer of such programmes.

Early Help (level 2)

- A well-resourced consultation offer from specialist mental health services, available for professionals from any agency who have concerns or need advice.
- A single emotional wellbeing pathway into support at Level 2 and above, with assessment from qualified mental health practitioners and followed by multi-agency triage to ensure access to the most appropriate service.
- Support to be structured around and within schools and community hubs.
- Multi-agency communications strategy to be developed and implemented in order to improve awareness of support.
- Review existing arrangements and communicate a clear pathway for perinatal mental health, in line with NICE's 2015 best practice guidelines.

Complex needs (level 3)

- Support and include the whole family in relation to emotional wellbeing, helping parents identify early signs and provide support to build family resilience.
- CYP and families to receive support that promotes recovery and positive transitions through life stages.

The LTP is being taken forward by a multi-agency Emotional Health and Wellbeing Task Group, which reports to a project board, as set out in the document's detailed governance structure.

7.2 All-age mental health liaison

Context

Since 2014, a 24-hour liaison psychiatry service has been provided by Kent and Medway Partnership Trust at Medway Maritime Hospital (MFT). The service is open to anyone aged 18 or over and sees patients within two hours at ED to conduct a mental health assessment. It also reaches wards and staff in the acute hospital, to increase their knowledge and training.

An all-age service staffed by CAMHS nurses and provided by Kent and Sussex Partnership Trust at MFT was opened in December 2015. It is operational from 8am-midnight, seven days a week as a pilot. This works alongside current liaison services. Key Lines of Enquiry have been submitted to NHS England for this service and Key Performance Indicators are in place to monitor and review the service.

Five-year plan

The ambition is to provide a 24-hour "core" all-age liaison service with consultant support. This will be fully integrated within the acute hospital, providing access to patients on wards and allowing more proactive discharge where appropriate. The service will provide support and training to staff and help facilitate joint working. All patients will be screened and – if necessary – referred within two hours, with the aim of reducing mental health patients' waiting times in ED or on the wards.

One-year plan

A North Kent working group is being set up in relation to the all-age service. Learning from the ongoing monitoring will:

- Help to put in place a substantive service using funding from the CYP transformation monies.
- Develop a service improvement plan with providers to ensure adequate and effective levels of mental health liaison services in acute settings.
- Inform a review of further guidance from NHSE in order to develop a new access standard.

7.3 Children and Young People – Improving Access to Psychological Treatment

Context

Medway's LTP for Children and Young People's Mental Health and Wellbeing contains a clear commitment to work towards embedding the principles of CYP IAPT within the commissioning local CAMHS provision. The aim is to work with partners to build effective, evidence-based outcome-focussed CAMHS, working in collaboration with children, young people and families. Delivering this national ambition requires local, system-wide leadership and ownership.

Five-year plan

The current procurement timeline will see a new Medway Children and Young People's Emotional Health and Wellbeing service in place from 1 September 2017. This will include core CAMHS provision and a range of other linked services. Future participation will be built into the service model and provider specifications as part of this new commissioning arrangement.

This is in line with the national commitment to have full CYP IAPT coverage by 2018.

One-year plan

Medway has expressed an interest in joining the London and South East collaborative as flexible partners in 2016/17, including participation in the supervision and leadership programme to support the service development and transformation set out in the LTP.

The key principles of the CYP IAPT are fully-embedded within the Local Transformation Plan, these include:

- Working in partnership with children, young people and families to shape local services.
- Improving the workforce through training in targeted and specialist services in an agreed, standardised curriculum of NICE-approved, evidence-based therapies.
- Supporting and facilitating services across the sectors to work together to develop integrated care pathways and ensure the right care at the right time.
- Delivering frequent outcome monitoring to help the supervisor, therapist and service-user to improve outcomes and inform service planning.
- Mandating the collection of a nationally-agreed outcomes framework.
- Use of outcome data in direct supervision of the therapist, to determine the progress of therapy, overall effectiveness of the service and to benchmark.

Further, managers, clinicians and therapists are being identified to participate in the London and South East training courses from November 2016. Possible links with Higher Education Institutions are also being explored.

7.4 Early intervention in psychosis (EIP)

Context

The CCG has set up a working group to achieve the EIP target of opening this service to over 35s and patients in an “at risk mental state” (ARMS). An SDIP is in place and Gap Analysis of staff has been completed. The plans have been submitted to NHSE and guidance on measuring the standard has been received.

At present, Medway meets the standard that 50% of patients experiencing a first episode of psychosis are allocated to a care coordinator and their treatment commences within two weeks, however this is not yet NICE-complaint.

Five-year plan

The aspiration is to achieve parity of esteem for people with mental health problems and put their care on an equal footing as those with physical health problems.

The EIP services will provide the full range of psychological, psychosocial, pharmacological and other interventions shown to be effective in NICE guidelines and quality standards, including support for carers and families. Our vision is to put in place effective and integrated services to address the social and wider needs of people with psychosis to help them live full, hopeful and productive lives.

One-year plan

With the aim of meeting the standard, we will:

- Continue to work with the provider on the SDIP and ensure there is adequate staff in place – recruitment and training are scheduled for April.
- The service will be linked into the new single point of access, scheduled to be up and running in June. This will ensure patients having a first episode of psychosis are identified at point of referral and immediately referred into the EIP service.
- As a result, the patient will be allocated a care coordinator and NICE-compliant treatment will begin within two weeks.

7.5 Perinatal mental health

Context

Medway maternity provides a consultant-led service in relation to perinatal mental health, alongside a specialist mental health midwife within the team, and non-specialist support from midwives. They work with women to assess needs and facilitate access to additional support services.

A Kent and Medway Perinatal Mental Health Clinical Network is in place and maternity services have recently undertaken a self-assessment.

Five-year plan

The ambition is to work with partners and as a North Kent alliance to improve the pathway and support for mothers. We are awaiting further guidance from NHSE around perinatal mental health and the additional investment.

One-year plan

Work is being undertaken to better understand the services and access points relating to perinatal mental health, with the view to improving service provision and creating a more clearly defined and thorough service offer.

Initial areas identified for improvement are:

- Provision of information for mums and families.
- GP knowledge.
- Widening the Mother and Infant Mental Health Services (MIMS) service to include still birth.

As well as the above points, working groups will prioritise:

- Whole system workforce education.
- Improved communication and information sharing between services.
- Streamlining of local referral processes.
- Increased availability of peer support.
- Commissioning of an ageless pathway.

7.6 Eating disorders

Context

NICE makes recommendations for the identification, treatment and management of a range of eating disorders in primary, secondary and tertiary care for children and young people aged 8 and above. Assessments should be comprehensive and include physical, psychological and social needs and a comprehensive assessment of risk to self. Whole-family approaches may be particularly important.

Local Transformation Plans are required to work towards achieving the Access and Waiting Time standard.

Five-year plan

Medway is committed to providing an accessible, high quality community-based Eating Disorders Service (EDS) in line with published guidance. The current EDS needs to be improved and balanced across Kent and Medway, in particular in terms of access, waiting lists and the proportion of funding spent on out-of-area in-patient placements.

The registered population in Medway is under 300,000, but the recommended minimum population size for service is 500,000, so it will be necessary and potentially beneficial for the CCG to collaborate with Kent partners. This is being factored into our separate commissioning and service delivery plans, post April 2017.

One-year plan

Funding has been ring-fenced and made available to all CCGs to take forward LTP commitments in respect of Eating Disorders.

This is the first stage of a new programme to improve CYP mental health and wellbeing and will be used to improve community-based eating disorder services up to the age of 18, with the aim of helping patients earlier and the resultant outcome of fewer needing in-patient care.

Plans for delivery include:

- Expansion of the current service provision to provide intensive community support for young people with eating disorders.
- A commissioning Project Manager to scope service delivery, oversee access and waiting time standard implementation and to align with ageless pathways across current commissioning.
- Provision of education and training for universal and targeted services regarding identification and treatment of eating disorders.
- Provision of multimedia resources for young people and families.

The Lead Commissioner (West Kent CCG) will set out an in-year Service Development Improvement Plan with the current CAMHS provider. Medway is working with the Kent CCG to design an all-age pathway for a service from April 2017. .

7.7 Dementia

Context

In 2015 it was estimated almost 3,000 people in Medway were living with dementia, a considerable increase in this figure is anticipated in future years. Responding to this challenge is a priority, and is highlighted in Medway's Health and Wellbeing Strategy for 2012-2017.

A range of preventative services exist, mainly funded by voluntary contributions, these need to become a core part of the care pathway. A Gap Analysis undertaken by the CCG and Council has highlighted a number of issues for us to address.

Five-year plan

It is estimated delivery of the Dementia Commissioning Action Plan's new integrated care pathway and successful launch of a new service model may take up to two years to reach full implementation.

A number of strategic shifts are required in order to ensure the provision of an effective local service to address rising levels of need and complexity. These include:

- Move commissioning to engaging fully with the market to stimulate a competitive supply, and to finding new ways of contracting for flexible support.
- Transferring resource from assessment to pre and post-diagnostic support.
- Exploring opportunities to transfer pre and post-diagnostic support in secondary care into the community.
- Moving from late assessment to early screening.
- Greater emphasis on supporting people to come to terms with diagnosis and plan for the future.
- Moving from institutional care to extra care housing, with the option for couples to stay together independently and with privacy.
- Re-focussing care and support to be more person-centred, designed around the needs, preferences, strengths, skills and contributions of people with dementia, their families and wider support networks.

One-year plan

Ongoing activities that are continuing into year-one include:

- Regular Dementia Friends training sessions to help to raise awareness and tackle misunderstandings. These may be supplemented by sessions for Medway Council.
- Medway Dementia Action Alliance to become self-sustaining by 2017.
- Our joint Dementia Commissioning Plan sets out specific steps to achieve commitment across the system for the design and funding of future care pathways.
- Contacts with key BME community groups will continue to be utilised to develop a more personal approach. This will include further research for groups not yet directly engaged with, for instance LGBT.
- A pilot scheme to support nursing homes through the Integrated Care Home Team model will now be reviewed and consideration given to piloting in residential homes.
- An improved partnership with secondary mental health services is in place thanks to liaison with GP-led Local Care Teams. This is part of ongoing work to help GPs identify dementia diagnosis as a priority.
- A strategic review of support services for unpaid carers (including carers of those with dementia) will be completed when re-commissioning will take place. This includes ongoing links with the local branch of the Alzheimer's Society.

- The Alzheimer's Society Dementia Friendly Charter is to be adopted following completion of a technology pilot in 2015/16. This involves close working with Medway Telecare Services, including use of GPS technology to enable those with dementia safely to get out and about.
- The pathways involved in dementia care are being mapped and redesigned to develop an integrated care pathway and coherent system of dementia support.

The Dementia Commissioning Action plan further outlines actions for year one. Many of the expected improvements should come from making better use of existing resources and partnership working, as well as focussing on supporting the whole person within their community.

The plan includes:

- Identify and implement a process with partners (including Dementia Action Alliance, families, providers, social care leads, GPs and voluntary organisations) to reflect best use of resources while promoting the best outcomes for people and families affected by dementia. Overseen by Dementia Steering Group.
- Establish an interface between Dementia Commissioning intentions and the Care Pathway review to establish Medway as a Dementia Friendly Community. This includes developing a Dementia Action Alliance action plan.
- Focus on personalisation, in particular in relation to rolling out Personal Health Budgets and transforming Dementia Day Services, for instance through key links with Adult Social Care Strategy and Care Act implementation.
- Identify opportunities for efficiencies/reinvestment through a detailed cost analysis and review of the potential of the Better Care Fund.
- Establish Integrated Care Pathways and information-sharing protocols with partners to identify existing actions and ensure they are fit for purpose or redesigned as needed.
- Review contractual position of existing provision and agree detailed Procurement Plan to enable a system redesign.

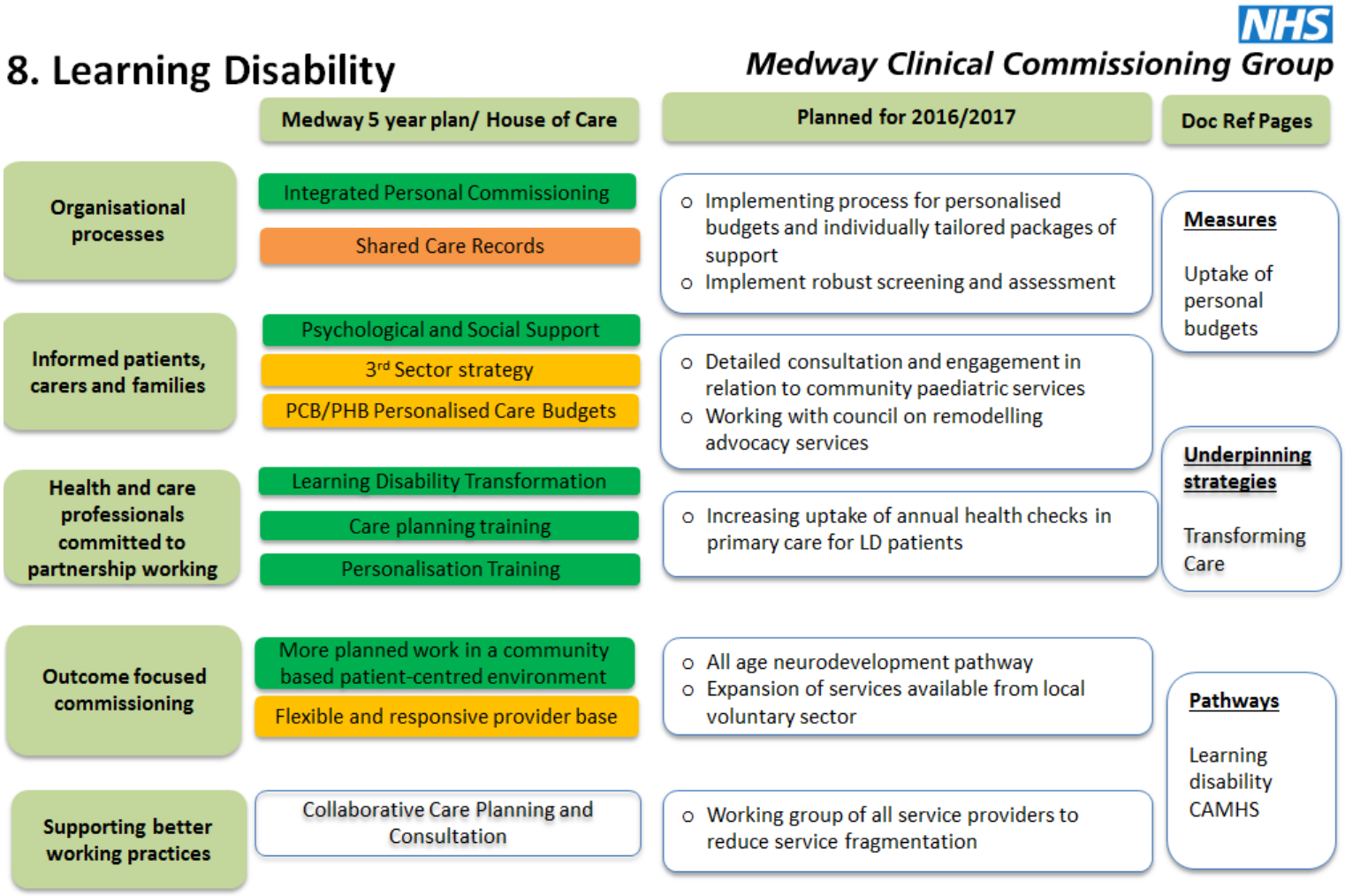
Dementia will be a theme in all Core Must Do's and National Mandate priorities. Commissioning work that has particular pertinence to dementia includes:

- Intermediate Care Strategy and Intermediate Care Re-design.
- Technology Enhanced Care Services Strategy.
- Personalisation Framework and Market Development.
- Better Care Fund Framework.
- Partnership Commissioning Strategic Review of Support for Unpaid Carers.
- Partnership commissioning review and planned procurement exercise for Information, Advice and Advocacy Services.
- Adult Social Care Strategy and Care Act Implementation programme.
- Mental Health Single Point of Access.

The current diagnosis rate for Medway is 62.97% against a target of 67%. MCCG is committed to reaching this target. In particular, additional funding has been allocated for two projects:

1. Work with GPs to provide peer support to improve diagnosis, with the top performing GPs providing support to the lowest performers.
2. Work with GPs on 'read' codes for patients on dementia drugs but with no confirmed diagnosis of dementia.

8. Learning disability



Context

In January 2014, 901 patients aged 18 or over with a learning disability were registered with a GP in Medway. For under-18s 671 have mild/moderate LD; 126 have severe LD; 16 have a diagnosis of ASD.

In line with national requirements, Medway has developed a Transforming Care Plan for submission to NHS England. This will be reviewed and any gaps identified will be addressed prior to the final submission deadline in April 2016. NHS England has elected to partner Medway with Kent in the development of this plan, based on national criteria.

The Kent and Medway Transforming Care Executive Group will ensure appropriate strategic oversight and input into jointly commissioned programmes and cross border issues. However, Medway's plan recognises that local commissioning and service delivery arrangements for people with Learning Disabilities and Autism is substantially different in Medway, with separate health and social care service functions.

Five-year plan

The aim is to enable adults with Learning Disabilities, autism and mental health issues to live independently in their own homes, with the support they need to be able to live as far as possible the same lives as people who do not have these conditions.

Medway Transforming Care Plan focuses on services for those who are at risk of admission to specialist in-patient services. It includes a commitment to the principle that the starting point for everyone should be about access to support based on individual need through establishing an understanding of the factors – both historic and current – that have contributed to the individual's behaviour.

It will require multi-disciplinary and multi-agency working, as well as skilled, informed responses from specialist health and social care services, in partnership with the person and those who provide day-to-day support.

The key aims of the Transforming Care Plan are:

- A whole system approach to healthcare
    - Care pathways that allow for effective joint working between services
    - Integrated and cohesive commissioning arrangements for all adult learning disability services
    - Integrated governance arrangements for adult learning disability and disabled children's social services
    - Better quality data and information on those at highest risk to target resources where they will be most effective.
    - Greater involvement of our social care providers as partners in developing and improving standards in the social care market using the Quality in Care Framework

- Improved quality of life through person-centred planning at all stages
    - Defined processes for providers that to identify the required outcomes for individuals
    - Monitoring the outcomes achieved for individuals through robust performance management
    - Greater involvement of individuals and their families in developing person centred packages of support that can effectively meet their assessed needs
    - Regular communication and sharing of information between services and individual practitioners
    - Recommend new and innovative models of care based on individuals' person centred plans
    - New models of care for the assessment and treatment of people who are in crisis as an alternative to the use of specialist learning disability or ASC hospitals

- Improved community provision, reducing reliance on in-patient services.
    - All age care pathway for neuro developmental disorders and associated conditions that dovetails with existing service provision for people with autism
    - Productive partnerships across all sectors including housing and social care providers through participating in the Kent Challenging Behaviour Network.
    - Ensuring there are appropriate resources and capacity in community services for people to provide swift and effective interventions when and where they are needed.
    - Seamless and equitable provision of care to meet the needs of individuals at critical junctures in their life e.g. transition, leaving education.

One-year plan

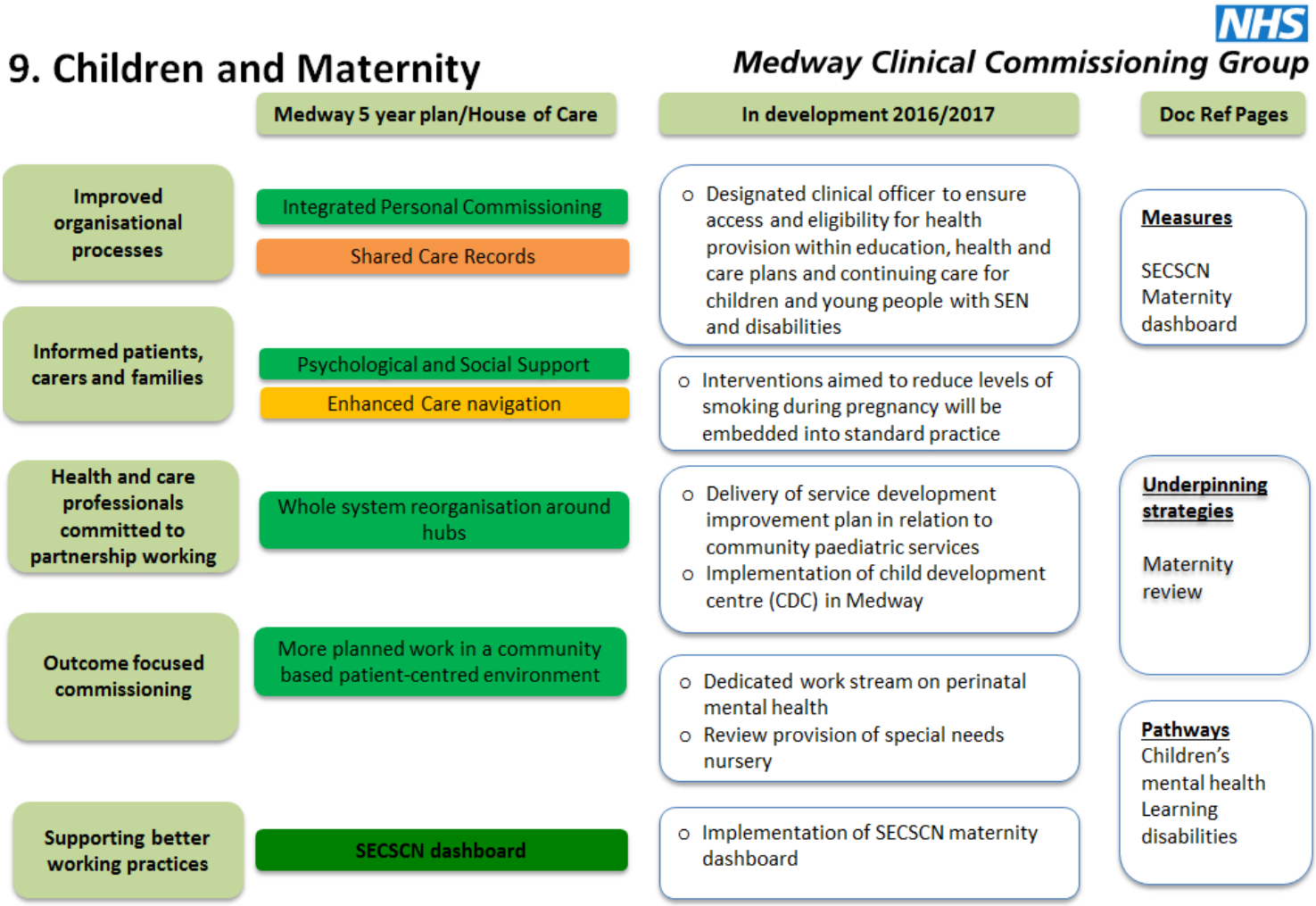
The provision of services for this cohort of population sits between a number of providers in a way that lacks coordination, and so a working group of all service providers met for the first time in December 2015. The aim is to improve service co-ordination and pathway development – significant and high-level commissioning support will be required to develop a framework to address the Transforming Care agenda.

A Transforming Care project leader has been appointed on a six-month interim basis to take forward this care plan; review local services for Learning Disabilities and develop a clear commissioning and service development plan.

Further year one aims include:

- Working to develop the offer of personal budgets, personal health budgets and integrated personal budgets beyond rights guaranteed in law. This local offer should be in place by April 2016.
- Liaison with the voluntary sector to consider what additional or different local services can be made available to ensure people with personal budgets have a range of services to choose from.
- Local advocacy services are being actively remodelled and re-procured, this includes investment in non-statutory services for people leaving a hospital setting.
- Auditing the number of people with Learning Disabilities who are invited for and attending their Annual Health Check and working with GPs, where take-up is lower than expected.
- Continuing to work with partner CCGs to take forward an all-age neurodevelopmental pathway. This will be embedded within commissioning plans for children and adults. Plans for improved pre and post-diagnostic for adults with autistic spectrum disorder are to be included within Medway's Transforming Care Plan as a match-funding bid.
- Detailed consultation and engagement in relation to community paediatric services, including potential remodelling and integration of Learning Disability services as part of a wider 0-19 integrated health provision.

9. Children and maternity



This section includes Paediatric Services and Maternity Services. For CYP IAPT see Chapter 8 on Mental Health Access.

9.1 Paediatric services

Context

Detailed needs analysis has recently been performed and commissioners have undertaken reviews of a range of paediatric services throughout the current financial year. The outcomes of these reviews are forming the basis for short-term service development improvement plans and longer term commissioning intentions.

Five-year plan

The vision is to create an integrated service for children and their families, where prevention is strong and needs are assessed effectively and quickly, enabling swift and effective intervention to take place.

A suite of inter-dependent service models will be created covering paediatric nursing and therapeutic services, paediatric emotional wellbeing and 0-19 health services for CYP. The development of these models, in partnership with the Council's Early Help systems, will offer an effectively linked service throughout Medway. Commissioning to develop an integrated children's emotional wellbeing service will further develop provision for

children with learning disabilities who have or are at risk of developing a mental health condition or behaviours described as challenging.

Medway CCG, in partnership with Medway Council, aims to have a service based on the nine overarching principles set out in the NHS/LGA document 'Supporting people with a learning disability and/or autism who have a mental health condition or display behaviour challenges'.

One-year plan

Work has commenced in relation to understanding and building upon urgent care high volume pathways of asthma, diabetes and epilepsy, and commissioners will be forming multi-disciplinary working groups to identify areas for improvement across Medway's health economy.

Year-one plans include:

- An overarching service development improvement plan for community Paediatric Services has been drawn up and will be implemented with MFT.
- Ongoing work with MCH to review paediatric therapy services in order to prioritise delivery according to local need.
- Development and embedding of work relating to urgent care pathways.
- A Designated Clinical Officer will be employed to support the CCG in meeting its statutory responsibilities for CYP with SEN and disabilities in relation to access and eligibility for health provision within education, health and care plans and continuing care.
- Subject to final approval and land purchase by NHS property services, Medway CCG will create a Child Development Centre (CDC) in Medway. This will enable:
    - Services to undertake multi-disciplinary assessment and review of children.
    - Enhanced patient experience.
    - Greater service integration.
    - Financial benefits.

9.2 Maternity services

Context

MFT provides the full range of antenatal, delivery and postnatal maternity services in Medway and has the lead Level Three Neonatal Unit in Kent. There are approximately 3,650 births per year for Medway residents.

The maternity specification ensures the provider delivers services in a way that reflect the national context for local planning of maternity services, as set out in the relevant NICE Guidelines and NICE Quality Standards.

The 2015 CQC inspection saw maternity services rated Good.

Five-year plan

The CCG will work to ensure recommendations within the forthcoming national maternity review will be fully implemented, including the new national ambitions for improving safety and increasing personalisation and choice.

The vision for maternity services is aligned with the CCG's five-year plan, particularly in relation to improving patient experience, integrated care and preventative strategies.

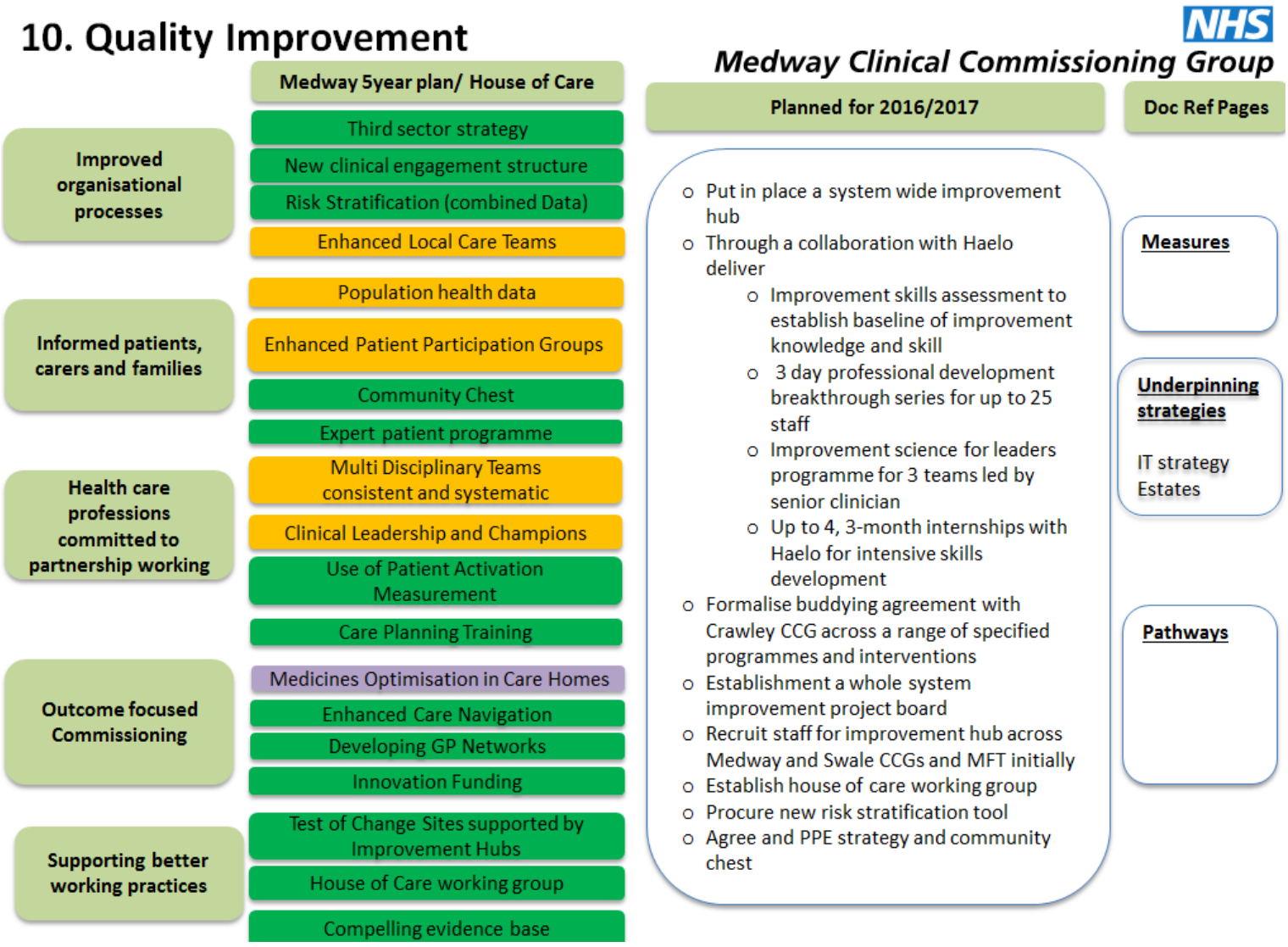
One-year plan

A number of measures are planned to build on the work already undertaken:

- Interventions aimed at reducing levels of smoking during pregnancy will be embedded into standard practice.
- Commissioners will work to ensure national best practice – such as the South East Coast Strategic Clinical Network reducing stillbirth bundle – is also embedded into service delivery.
- A continued drive to improve bereavement services, including developing a dedicated postnatal bereavement suite by the end of summer 2016.
- Ensuring patient experience is accurately captured and reflected in service delivery, Work has already started to re-establish the Maternity Services Liaison Committee across the Medway and Swale CCG areas.
- Review patient choice in maternity services to support the outcome of the national maternity review.
- Audit postnatal interventions and coding to provide assurance in relation to risk identification and management. This will complement the antenatal risk profiling audit undertaken in 2015/16.
- A specific work stream in relation to perinatal mental health is explained further in the mental health chapter.
- The SECSCN maternity dashboard will be implemented go enable maternity services throughout the region to record and report the same performance metrics – enabling effective benchmarking.

Work streams in relation to maternal deaths and serious incidents will be continued. This will support developments in relation to whole system communication and integration.

10. Quality Improvement



This includes Quality and Safety and Patient Experience. An overarching programme of activity to support immediate improvement across the local system has been agreed. A whole system improvement project board will be established in 2016 supported by a Medway House of Care working group.

In collaboration with Haelo Salford, the establishment of a system wide improvement hub will provide core support for all local stakeholders. Staff will be recruited in 2016. Haelo will conduct an "improvement skills assessment" to establish a baseline from which to work alongside a number of specific tailor made interventions that include:

- 3 day professional development Breakthrough series for up to 25 staff
- Improvement Science for Leaders programme for 3 teams led by senior clinician
- Up to four 3-month internships with Haelo for intensive skills development

In addition the CCG is currently formalising buddying agreement with Crawley CCG to share learning across a range of specified programmes and interventions. Other specific

actions include the agreement and implementation of the CCGs revised Patient and Public Engagement strategy (including establishing a Community Chest), alongside the procurement of a risk stratification tool that is fit for purpose.

Context

Quality and safety remain at the heart of the CCG, with patient safety, clinical effectiveness and patient experience linking across all work streams.

The Quality and Safety team leads on the delivery of statutory, mandatory and national safeguarding functions and progression in relation to emerging risk areas and wider changes.

- The CCG works with commissioned providers Medway Foundation Trust (MFT) and Medway Community Healthcare (MCH) to monitor and assure the quality and safety of services and outcomes, as well as having relationships with other CCGs with regard to KMPT and SECAmb.
- The CCG's Quality and Safety Team implements a range of monitoring and assurance measures including:
    - A detailed database of metrics and key quality and safety information to assist analysis and provide intelligence to direct quality visits, audits and planned measures such as CQUINs.
    - Clinical Quarterly Review Meetings (CQRGs) are in place with providers.

Five-year plan

A number of partnerships, agreements and actions will continue to be pursued in the medium and longer term that include:

- Dartford, Gravesham and Swanley CCG and Swale CCG to collaborate and share the functions of a single Quality and Safety Team. This enables a depth of resource available for a number of cross-cutting quality and safety issues, as well as a sharing of expertise and support.
- The Local Safeguarding Children and Adults Boards.
- Multi-agency partners in relation to Operation Willow, Child Sexual Exploitation project.
- Mental Capacity ACT (MCA) and Deprivation of Liberty Safeguards (DOLS), with a particular focus on primary care awareness and implementation.
- Healthwatch and commissioned providers to define their 'always events' or cultural norms patients can expect.
- Commissioned providers to focus on a safe workforce, in particular with relation to temporary staff.
- Kent & Medway SI Improvement Forum, established by the Quality and Safety Team as a working group with the remit to improve reporting and learning from Serious Incidents/Never Events. This is supported by the Kent NHSE Area Team as part of the Kent & Medway Patient Safety Network work streams (which precedes the implementation of a KMSS Patient Safety Collaboration in July).

One-year plan

Since the 2013 Keogh Review, Medway Foundation Trust has remained in Special Measures, with an August 2015 CQC inspection (published January 2016) identifying continuing concerns regarding the quality and safety of some services. The Quality and Safety Team is integral to the implementation of remedial action plans. Improvement work is ongoing and includes:

- Reductions in acquired harms and improvements in patient experience.
- A number of remedial action plans aimed at performance and quality are also being drawn up.
- A patient experience event will be held to showcase providers' improvements to services based on patient feedback.
- HCAI improvement work includes a focus on improving the incidence of E. coli bacteraemias.
- A new governance process will be developed for QIAs, to be delivered through the Project Management Office.
- The Quality and Safety team continue to work on development of a shared database for use by teams across the CCG in accordance with NICE guidelines, this includes shared intelligence on compliance and improved data triangulation.
- Fortnightly unannounced quality visits to the ED at MFT.
- Attendance at the Clinical Quality Review Group has now been confirmed and the Quality and Safety Team continue to attend the quarterly Mortality Working Group with MFT, which includes all relevant external stakeholders.
- A workforce strategy has been presented to the CQRG, and the CCG will use contract levels to escalate issues – such as 25% nursing vacancies – if rapid implementation of the strategy and progress is not evidenced.
- Registered Nurse Revalidation launches in April 2016 and a number of measures are being implemented. This includes keeping nurses informed and working with commissioned providers to understand and gain assurance around the processes implemented.
- A remedial action plan has been agreed in relation to mixed sex accommodation in order to reduce the number of breaches from May onwards, with the aim to eradicate breaches by July 2016.
- The CCG continues to meet with the Head of Midwifery on a monthly basis to discuss quality and safety issues and support ongoing ward accreditation visits.
- A remedial action plan has been implemented for MRSA. Actions include improving mandatory infection prevention training compliance (including blood culture technique training); reinforcement of assessments of IV cannula insertion and management competencies; general communication messages around awareness raising and patient knowledge.

Overall, the Quality and Safety Team will continue to focus on overarching work streams related to patient safety and quality improvement, including specific interventions to reduce harm and improve patient experience. This includes:

- Taking work forward with both MCH and MFT in relation to a complaints audit in January 2016, focussing on organisational service improvement plans. Monitoring of complaints activity will continue, as will triangulation with other quality and safety information to provide intelligence regarding emerging risk and patient experience.
- An audit of Quality Impact Assessments (QIAs), focussed on ensuring Cost Improvement Plans (CIPs) are fully-sighted on potential quality risks, and that these are robustly mitigated and monitored.
- Work with MFT in relation to SI processes, governance and ensuring learning is embedded. Monthly meetings with the MFT will monitor progress and continue with the high level of challenge through the North Kent Serious Incident Operational Group.
- A full hospital audit for MSA during April 2016, as well as implementation of the MSA Remedial Action Plan.
- A falls action plan will be implemented, as well as ongoing monitoring through quarterly deep dive reports and the level of serious incidents seen.
- A programme of site visits is aimed at providing assurance around delivery of the CQC Must Do's, as well as the Trust's 18-month recovery plan. A programme of ward accreditations and reviews will be carried out, as well as a review of escalation bed wards and unannounced visits.

- Engagement with the Trust's PMO will take place regarding internal improvement plan monitoring, alongside partnership work to oversee Key Quality Indicators and provide assurance of the impact of improvement work on the ground.
- An extended quality and safety database will capture key quality information from primary care ahead of Delegated Commissioning to support planning around future requirements. This will assist the team in moving to new models of working during the coming year.
- The Pressure Ulcer Collaborative CQUIN will continue with development of a quarterly milestone plan. This will focus on:
    - Evaluation of the impact of the pressure ulcer passport.
    - Evaluation of the impact of the carers care plan, information and education.
    - Continue to nursing home audit and target input.
    - Delivery of two community-wide education conferences focussing on clinicians with face-to-face contact.
    - Both MCH and MFT will have further pressure ulcer reduction targets, these are currently being worked on.

Currently, MFT does not have the capacity or capability to deliver Quality Improvement (QI), Measuring and Monitoring of Safety and Innovation. It is therefore looking for a credible external partner to mobilise quickly, on a whole system basis.

- Medway CCG has adopted Quad Aim in recognition of the importance and contribution staff in the Medway Health Economy will make to the delivery of transformational change, this makes staff experience part of the triple aims domain.
- A number of organisations with a sustainable international track record in delivering improvement at scale are being considered.
- A proposal to establish a whole system improvement hub spanning Medway and Swale CCGs and MFT has been drafted. This will be expanded to include local councils and other providers once phase one of the action plan is in place.

The CCG will use existing contractual requirements to ensure providers are maximising the audit and outcome of patient care. Quarterly patient experience reports are required from the providers, including action taken as a result of FFT, local and national patient surveys, complaints, incidents, and serious incidents.

The CCT will continue to undertake its annual complaints audit with providers, to ensure appropriate handling of complaints, identification of themes and trend, and the taking forward of learning.