

Operational Plan 2017-19 Progress Report

Executive Summary

The current Operational Plan 2017 -2019 was signed off by the CCG's Governing Body, NHS England and Medway Council's Health and Wellbeing Board. This update is to provide assurance on the progress of delivery of the Operational Plan.

The Operational Plan was based around nine "must do's" set out by NHS England plus a tenth chapter which focuses on enablers. The other drivers for the plan were:

- The 6 clinical priorities with Cancer and Dementia demonstrating the greatest need for improvement
- Delivery of the Medway aspects of the Kent and Medway Sustainability and Transformation Plan
- Constitutional access requirements
- The Key Lines of Enquiry
- The areas of concern highlighted by Right Care (e.g. cancer and respiratory)
- The CCG Improvement and Assessment Framework
- The CCG's Strategic Objectives
- Local service transformation plans
- Joint Strategic Needs Assessment for Medway
- The need for financial balance and the need to meet demand

Progress

The following narrative provides information based on each chapter of the Operational Plan.

1. Kent and Medway Sustainability and Transformation Plan (STP)

Key Objectives:

- Explore new models of care and contracts
- Engaging in the Kent and Medway governance
- The STP set out 4 key themes which were reflected in various parts of the Operational Plan :

	STP Position
i. Care transformation	<p>Transforming our care for patients, moving to a model which prevents ill health, intervenes earlier, and delivers excellent, integrated care closer to home.</p> <p>This clinical transformation will be delivered on four key fronts:</p> <ul style="list-style-type: none"> • Local care (Out-of-hospital care) • Hospital transformation • Mental health • Prevention

ii. Productivity and Modelling	<p>We will undertake a programme to identify, quantify and deliver savings through collaborative provider productivity addressing the following areas:</p> <ul style="list-style-type: none"> • CIPs and QIPP delivery • Shared back office and corporate services • Shared clinical services (e.g. pathology integration) • Procurement and supply chain • Prescribing
iii. Strategic enablers	<p>We need to develop three strategic priorities to enable the delivery of our transformation:</p> <ul style="list-style-type: none"> • Workforce • Digital • Estates
iv. System leadership	<p>A critical success factor of this programme will be system leadership and system thinking. We have therefore mobilised dedicated programmes of work to address:</p> <ul style="list-style-type: none"> • Commissioning transformation - enabling profound shifts in the way we commission care • Communications and engagement - ensuring consistent communications and inclusive engagement

Progress:

- The four themes noted above are covered in the report chapters below.
- National work is progressing in the governance associated with the new contractual models.
- The CCG has fully engaged with the STP. The Local Care workstream has been led by Medway CCG's Accountable Officer.

2. Finance and QIPP

Key Objectives:

Medway CCGs plan will meet the following financial targets and business rules for 2017/19:

- Achieve in year break even.
- Set aside 1% of allocation to be used non-recurrently, 0.5% uncommitted at the start of the year.
- Set aside a minimum 0.5% contingency.

The CCG has a Quality, Innovation, Productivity and Prevention (QIPP) financial target of £11m in 17-18 and £11.25m in 18-19 (3% of total allocation) which forms part of the commissioning intentions for the CCG.

Progress:

The CCG is currently adhering to the business rules set out in the Operational Plan and is forecasting breakeven. QIPP delivery for the first year is likely to be at 80% for recurrent QIPP and 20% for non-recurrent. Plans for the 2018/19 QIPP are advancing well. The Programme Management Office set up in 16/17 continues to function well.

3. Primary Care, Community Services, Prevention, Integration and Coordinated Care*Key Objectives:*

Primary Care, Community, Prevention, Integration and Coordinated Care	
K&M STP	CCG Plan 2017 to 2019
Care Transformation	<ul style="list-style-type: none"> Establishment of extended practice groups. Local Care Team and Integrated Hubs based around natural geographies and healthy living centres Yearly face to face reviews for all dementia patients Risk stratification of frail patients Innovative falls service from Kent Fire and Rescue Individualised long term condition management by frailty teams
Productivity	<ul style="list-style-type: none"> Reducing clinical variation via Local Care Teams Significant increase in community clinics providing local care for patients Controlled prescribing growth Increased weekend and evening access to GP services Prescribing support to GP practices and nursing / residential homes
Strategic Enablers	<ul style="list-style-type: none"> Two new healthy living centres Integrated care planning and clinical / social information Developing new models of workforce with GPs becoming 'consultant' GPs supported by GP Assistants, advanced nurse practitioners and pharmacists Public health including a focus on screening, diabetes and smoking Strong community engagement
System Leadership	<ul style="list-style-type: none"> Local care teams supported by CCG Executive leads Extended practices providing greater local leadership

*Progress:***Care Transformation**

- Local care teams have been established with clinical and managerial leads. Regular meetings are in place and practices are working together on a variety of schemes, e.g. minor illness clinics.
- The dementia team has been expanded and is focussing on identification of patients.
- Risk stratification of frail patients is in place and referrals are being made to PACE clinics.
- Kent Fire and Rescue are identifying patients at risk of falling as part of the home safety visits.
- Plans for the roll out of care navigation and Long Term Condition management are progressing.

Productivity

- Clinical variation work has progressed through 2017 with detailed visits to GP practices.
- Identification of clinical space for local clinics is complete, plans to move services into healthy living centres are being developed.
- Prescribing spend is being controlled well.
- Minor illness clinic approach to be adopted for weekend and evening access once central funds become available for rollout.
- Prescribing support for care homes and GPs is now in place.

Strategic Enablers

- Bids have been submitted to NHS England for healthy living centres in Chatham and Strood.
- Integrated care planning is progressing for end of life patients and is being further developed as part of the plans for frail patients
- Workforce development discussions with HEE KSS and local universities are progressing. A workforce plan for the Medway Model has been commissioned. A primary care workforce strategy was agreed at the October Primary Care Commissioning Committee.
- The CCG has worked closely with Public Health to ensure that patients who smoke and require surgery are referred to stop smoking services. Patient Activation Measures are being built into the frailty model.
- Community engagement strengthened through “Involving Medway”. A large number of engagement meetings have been held with public and stakeholders over the past 12 months.

System Leadership

- Local care teams are supported by executive leads who attend local meetings
- Extended practices have identified lead GPs

GP Forward View (GPFV)

The delivery of the GPFV has been co-designed with member practices, partners and providers, setting out a vision for self-care, technology and the wider workforce.

It is built around the following key areas:

- Improving access and investing in Primary Care Services to meet local demand and inequalities in access
- Implementation of ‘Time to Care’ and the role out of the 10 High Impact Changes, including alignment to estates and technology investment; workforce development and improved collaboration between providers
- Alignment to the CCGs local estates and digital roadmaps
- Implementation of the Primary Care Home (PCH) Programme

The GP Forward View implementation plans fully align with the STP Local Care Strategy and the community services re procurement gives us bigger opportunity to integrate services. The CCG is working with the STP on IT and estate funding which underpin the GPFV plans.

The PCHs have been testing different collaborative projects working at scale across their localities. These projects test information sharing governance arrangements and the new IT infrastructure required to support working at scale. These include:

- Minor Illness Clinics (pilot ongoing in Rochester and now being rolled out to Rainham and Lordswood PCH using winter funding monies)
- Workflow optimisation (locally developed training based on shared best practice starting in February)
- Sharing of policies (through Local Care Team meetings)
- Care Navigation (piloted in two localities)

We have developed long term models aligned to the Medway Model and to the Community Services Re procurement. These include:

- Population Health Management
- Integrated multidisciplinary work force
- Extended access

Extended Access

In delivering improved access we will want to secure transformation in general practice, including a step change in our use of digital technologies, support for urgent care and changes in general practice services that lay the foundations for general practice providers to move to a model of more integrated services.

The specification is being developed and will include IT requirements for integration with 111 and out of hours (OOH) services. There will be full mobilisation by March 2019.

We are continuing to engage with patient participation groups (PPG) and the public and have a focused workshop “Patients and Primary Care – a Partnership for Improvement” in February 2018.

Investment

The GPFV funding is tracked monthly and reported at Primary Care Operational Group. We are pump priming the schemes with £3 per patient as identified through the PCHs.

NHS England Resilience funding (£25K) was awarded to the Chatham locality to pilot home visits. This will be developed through the local PCH.

Workforce

The workforce strategy was agreed at the October Primary Care Commissioning Committee and the workforce committee is established with clinical leadership.

Key aims of the strategy:

- Improving our workforce analysis

- Development of Practice Nurses
- Increase number of GPs (International recruitment, targeted support and training and new ways of working)
- Review of pharmacy pilot (Federation led)
- Upskill other professional and use of IT to support new roles and ways of working

The Community Education Provider Network is to be hosted by Medway CCG. We have worked with national team and devised a local leadership course, this is being piloting from April 2018 with 12 delegates (multi-professional) from across the PCH.

A detailed workforce paper has been commissioned to inform the required workforce for local care implementation.

Infrastructure

Estates

The Estates strategy will be refreshed by March 2018 and presented at the Strategic Estates Board.

Key to the Medway Model is the full utilisation of our current Health Living Centres.

The CCG are sourcing funding through STP and are progressing to round two of STP funding. This will support development of two further Healthy Living Centres in Chatham and Strood.

IT

The majority of surgeries are now using the same IT system (EMIS) which will provide additional resilience and ensure information sharing is easier.

GP Online Consultation

The plan is to ensure an eConsultation solution is available to all GP practices in Kent and Medway. The project will run from 1st Dec 17 until 1st Mar 2019.

There are two phases:

- 17/18 - To provide a trial systems to a quarter of practices in the STP, covering a potential 484,897 patients out of 1,877,174 (25%).
- 18/19 - 19/20 - To extend the trial (if successful) to all remaining practices, and enter business as usual operation.

4. Urgent and Emergency Care

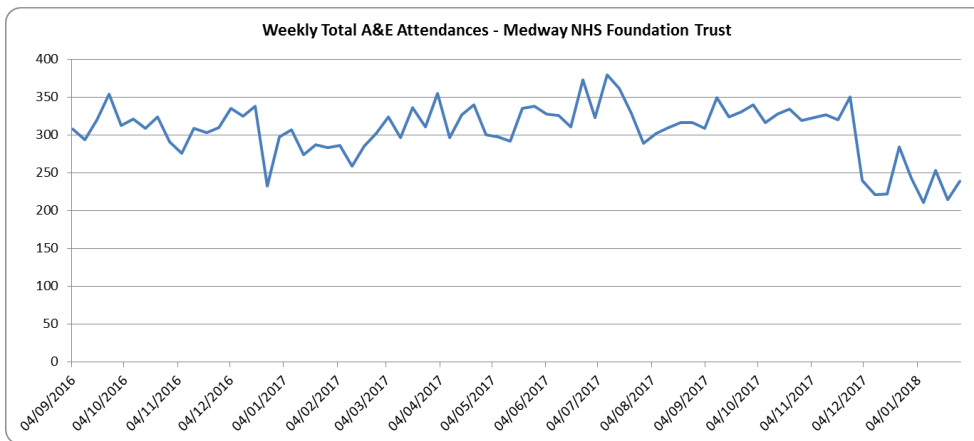
Key Objectives:

Urgent and Emergency Care	
K&M STP	CCG Plan 2017 to 2019
Care Transformation	<ul style="list-style-type: none"> ED front door redesign Access to senior doctors NHS 111: access to care planning, access to clinicians for care homes 24/7 psychiatric liaison Frailty and falls management
Productivity	<ul style="list-style-type: none"> Clinical variation reduction Reducing ambulance conveyance rates Reducing A&E conversion rates Discharge to assess and home first
Strategic Enablers	<ul style="list-style-type: none"> A&E Delivery Board Surge management Unscheduled Care Improvement Plan MaSCOE Strong community engagement
System Leadership	<ul style="list-style-type: none"> A&E Delivery Board ECIP Urgent and Emergency Care Network

Progress:

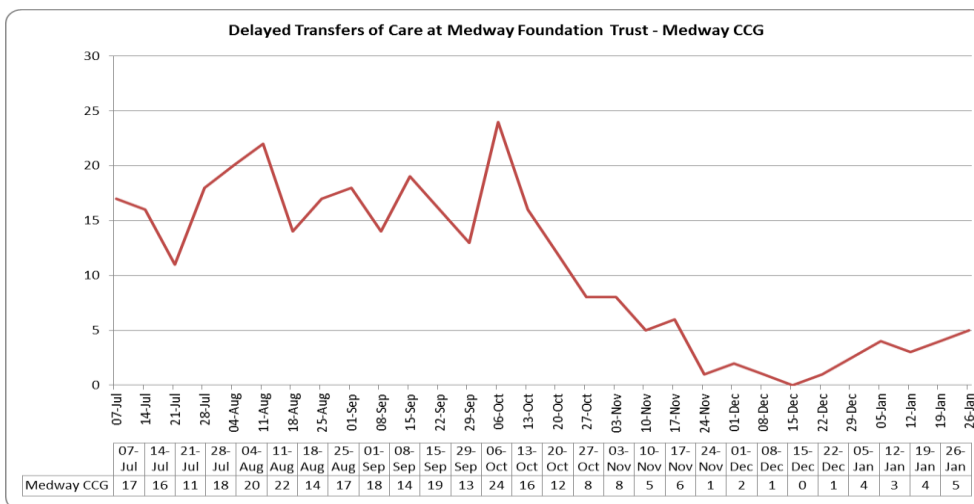
Care Transformation

- Wide public engagement for Emergency Department (ED) front door redesign completed. Business case approved for procurement.
- Front door streaming at ED to the onsite primary care service provided by MedOCC commenced in January 2018 and has significantly reduced ED attendances, see graph below.
- Care home access to senior clinicians at Medway Foundation Trust (MFT) trialled. Access in place with MedOCC.
- 111 access to care planning included in specification for re-procured service. Some enhanced access to end of life plans enabled through the IBIS system used by SECAmb.
- 24/7 psychiatric liaison at MFT commenced in Q3 17/18
- PACE clinic rollout is underway. Kent Fire and Rescue service is in place to identify additional at risk patients as part of their home safety checks.



Productivity

- Urgent care is included in clinical variation visits with GP practices
- Increased numbers of 999 are being dealt with through hear and treat rather than requiring attendance by ambulance crews. MedOCC pathway for ambulances has been maximised.
- A&E conversion rates are stable and there has been a reduction in the number of emergency beds required and used.
- Pathways 1, 2 and 3 (home first, rehab and discharge to assess) are in place and being fully utilised. Delayed transfers of care have been reduced to minimal levels through redesign of process and rapid escalation of complex pathways, see graph below.



Strategic Enablers

- Escalation plans were refined following winter 16/17 feedback. The STP live urgent care system, SHREWD, has been reviewed and refined led by Medway CCG.
- Urgent Care Improvement Plan has been developed as a unified multi-partner urgent care plan and delivered by the Urgent care Operational Group.
- Strong community engagement achieved during public engagement sessions on urgent care redesign.

System leadership

- A&E delivery board meets monthly and is supported by the operational group
- The current focus is on delivering flow through the use of the Luton & Dunstable front door model, eliminating delayed transfers or care and ensuring that MFT's internal flow is optimised.

5. Planned Care

Key Objectives:

Planned Care	
K&M STP	CCG Plan 2017 to 2019
Care Transformation	<ul style="list-style-type: none"> • Revisions of specialty and sub-specialty pathways • Significant increase in community clinics providing local care for patients • Order comms for diagnostics • Tele dermatology
Productivity	<ul style="list-style-type: none"> • Reducing clinical variation via Local Care Teams • Referral management • 100% eReferral by 2018
Strategic Enablers	<ul style="list-style-type: none"> • MaSCOE • Strong community engagement • Revised Map of Medicine • Capacity planning • Children's Development Centre
System Leadership	<ul style="list-style-type: none"> • Planned Care Board chaired by Governing Body GP • Kent and Medway 'Better Birth' plan

Progress:

Care Transformation

- Pathways are being refined in line with recommendations from the Right Care programme.
- Additional community clinics have been commissioning in ENT.
- Order communications, electronic ordering of tests by GPs, are delayed. The CCG is working with MFT and Medway Community Healthcare (MCH) to commence rollout.
- Teledermatology is now in place allowing GPs to access virtual specialist advice.

Productivity

- Clinical variation work with GPs includes planned pathways.
- Pathway reviews and alternative services are being developed in most specialties. Referrals from GPs are below plan and currently 0.5% higher than to the same period in 16/17.
- We are on track to deliver 100% eReferral in 2018.

Strategic Enablers

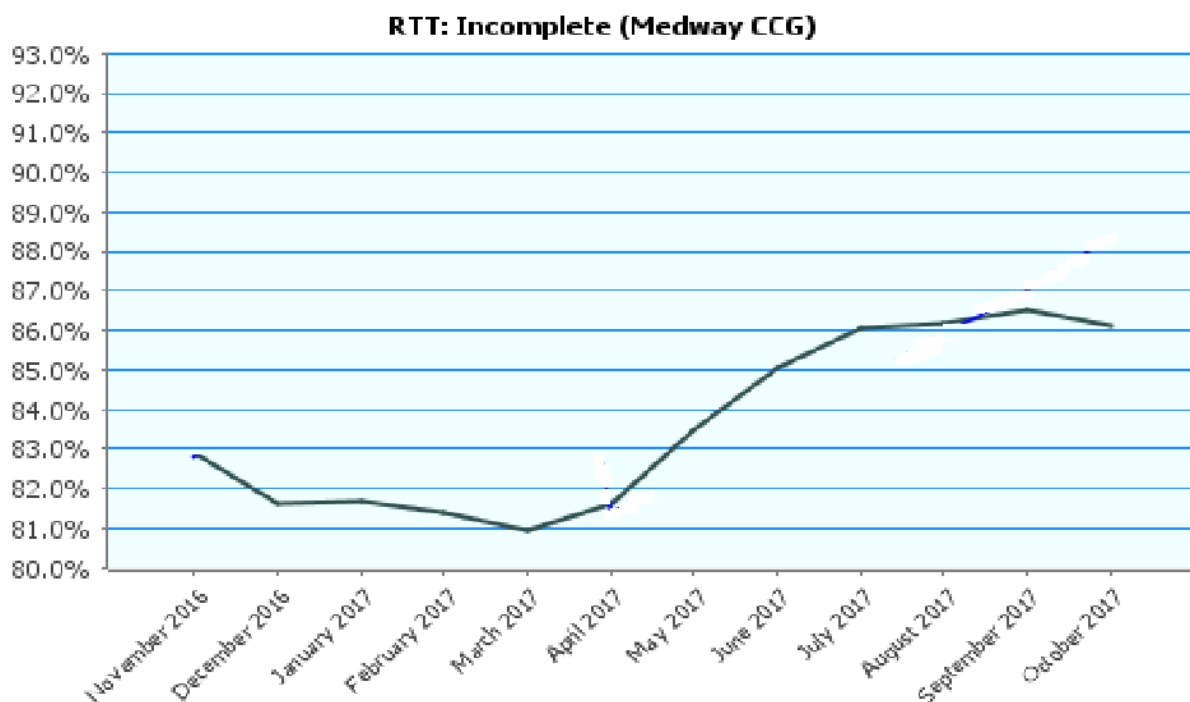
- Community engagement through Involving Medway and the local care workshops.
- Map of Medicine replacement is being developed and will be in place by April 2018.
- The Children's Development Centre opened in Q3 17/18.

System Leadership

- The Planned Care Board is being chaired by a Governing Body GP.
- Kent and Medway Local Maternity System Transformation Plan was presented to Health and Wellbeing Board in November 2017.

18 Weeks

Significant improvements were demonstrated in Q1 and Q2 of 17/18 with a large reduction in the number of patients waiting over 18 weeks for treatment. No improvement is expected during the latter half of the year.



Childrens

Full procurements of CAMHS and childrens community services have been completed. The new CAMHS service went live in Q2 17/18 and the new community service is due to commence in 18/19.

6. Cancer

Key Objectives:

Cancer	
K&M STP	CCG Plan 2017 to 2019
Care Transformation	<ul style="list-style-type: none"> Recovery package Stratified follow ups Cancer reviews within six months Macmillan practice nurse facilitator
Productivity	<ul style="list-style-type: none"> Right Care Integrated cancer dashboard
Strategic Enablers	<ul style="list-style-type: none"> Smoking cessation programmes Screening programmes and initiatives JSNA NICE referral guidelines "Achieving World-Class cancer Outcomes" Strong community engagement
System Leadership	<ul style="list-style-type: none"> Planned Care Board chaired by Governing Body GP Joint Cancer Steering Group Cancer Network

Progress:

Care Transformation

- Medway CCG is working with MFT to implement the key expectations within the 'Recovery Package'. MFT has been successful in a bid with Macmillan to fund a recovery package facilitator, the post holder commences in January 2018. The Macmillan patient engagement team will be undertaking a number of patient engagement exercises.
- A broad approach to the implementation of risk stratified pathways for Breast (by end March 2018) and for Colorectal and Prostate cancers (by end March 2019) is being developed on a Kent and Medway basis. Once implemented this will reduce the requirement for follow up appointments which should relieve the pressure within these specialties. We are working with MFT to scope priorities and next steps for local implementation and a business case is being developed.
- Macmillan practice nurse facilitator is in place.

Productivity

- Right Care is informing the redesign of pathways and is being managed as part of the overall planned care work.
- Integrated cancer dashboard is presented and discussed each month at the Cancer Board.

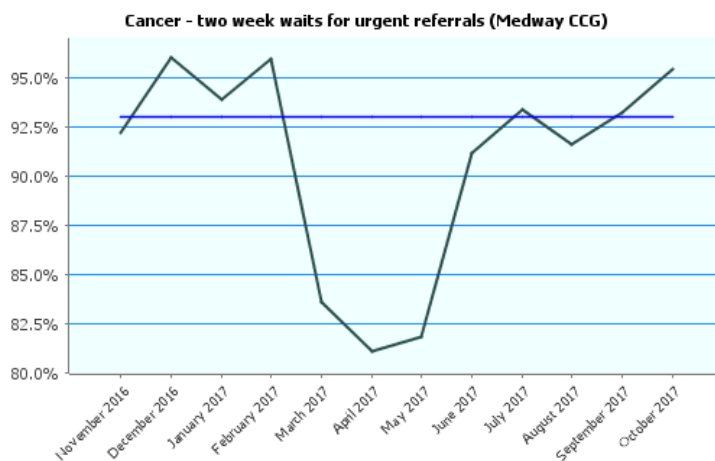
Strategic Enablers

- Smoking cessation pathway has been introduced into secondary care referral process.
- NICE referral guidelines which require pre-referral diagnostics to be completed for some cancer pathways will be achieved by March 2018.

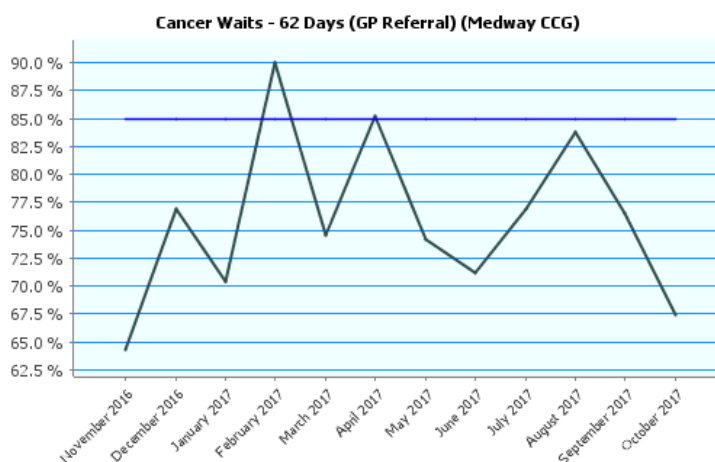
System Leadership

- The cancer board has representation from the CCG's lead GP for cancer, the CCG's Chief Operating Officer and is chaired by lead clinicians from MFT.

Achievement of the 2 week wait from referral to appointment has been achieved following dermatology capacity difficulties in Q1 17/18 which have now been resolved.



Achievement of the 62 day referral to treatment KPI has remained below target during 17/18. The CCG and MFT continue to work together to resolve the pathway problems that are impacting on the delivery of the target.



7. Mental Health

Key Objectives:

Mental Health	
K&M STP	CCG Plan 2017 to 2019
Care Transformation	<ul style="list-style-type: none"> • Dementia reviews in primary care • Eating disorder specialist service across K&M STP footprint • Suicide prevention and crisis resolution • Eliminating out of area placements • Perinatal mental health improvements
Productivity	<ul style="list-style-type: none"> • Identifying dementia patients • Increased access to IAPT and EIP • 24/7 liaison psychiatry • Personal health budgets
Strategic Enablers	<ul style="list-style-type: none"> • Strong community engagement • MaSCOE • Dementia Action Alliance • Local Transformation Plan • Good Mental Health Matters
System Leadership	<ul style="list-style-type: none"> • Medway Mental Health Strategy • Health and Well Being Board • Partnership commissioning with Medway Council

Progress:

Care Transformation

- The CCG has been auditing to identify GP surgeries with low care plan completion rates to help them improve the long term care of this group of patients.
- The care home pilot focusing on dementia patients has been commenced and will continue to be refined
- Out of area mental health placements have been eliminated
- A new eating disorder service has been commissioned
- The talking therapies service was recommissioned during 17/18.

Productivity

- The CCG has been working with national teams to ensure that processes for identifying patients are robust. This identification helps ensure that the right level of follow up care is provided.
- The targets for talking therapies are being achieved.
- There was significant investment into psychiatric liaison. The Medway service is now the full “24/7 core” model and the only one in Kent and Medway.

Strategic Enablers

- There has been strong community and stakeholder engagement with dementia patients and providers during 17/18, including presentations following a Governing Body meeting and a multi-agency and patient workshop.

System Leadership

- There has been progress towards a Medway Mental Health Strategy. The lead for this has passed from the council to the CCG and the CCG is consulting with partners on the strategy.

8. Learning Disabilities: Transforming Care

Transforming Care is now being led by Thanet CCG on behalf of Kent and Medway. Revised governance arrangements have been agreed as a result with the Senior Responsible Officer for Kent and Medway being the Accountable Officer for Thanet CCG. Two sub groups report the K&M board, one of which is the Medway. The Partnership Commissioning Team leads this work.

Key achievements include:

- Revised Kent and Medway governance
- Agreement on joint funding arrangements
- Agreed trajectories for reducing the number of people in hospital
- Medway Transforming Care newsletter
- “Building Great Lives in the Local Community” event in November
- Good feedback from the national board on progress following a board to board

9. Improving Quality

The first year plan for quality covered the following areas:

Improved capacity

A Medway CCG specific Quality and Safety Team was developed, moving away from the shared North Kent arrangements, during 2017. The Medway CCG team has delivered increased capacity to focus on quality locally as well as to take forward wider projects and to support improvement.

Data for assurance and improvement

The Quality and Safety team uses quality metrics with providers including key areas of focus such as: patient Safety, including workforce, HCAI, risk management and governance and safeguarding; patient experience including, learning, outcomes and patient and carer experience; clinical effectiveness including, governance, best practice, improvement and development and KPIs.

The Clinical Variation processes have been developed through 2017 with a team focused on reducing clinical variation in primary care, drawing on a wide range of metrics so that targeted work is done with practices.

Working with MFT to gain assurance and enable improvement

The CCG welcomed Medway Foundation Trust exiting Special Measures during 2017. Work with MFT has continued during 2017 to facilitate further improvements in quality and to gain assurance of progress.

The CCG are continuing to use contractual levers to address specific quality and safety concerns with MFT where progress has not sufficient.

The Quality and Safety Team has continued to support the Remedial Action Plans in place with MFT, and seek assurance in relation to patient harm, including individual patient reviews to determine whether any harm has occurred building on the clinical review model implemented during this year.

Quality review visits

A programme of quality visits is in place and continues to be implemented at MFT and with other local providers.

10. Enablers

Patient Experience and Patient & Public Engagement Strategy (PEPPE)

- The CCG has commissioned Involving Medway / Red Zebra and the Public Engagement Agency to support its engagement work.
- There have been a significant number of public events aligned to commissioning plans being delivered by the CCG including for the urgent care redesign and for the Medway Model.
- A range of specific engagement events have been delivered including those aligned to Governing Body meetings which have brought patient experience to the full Governing Body.
- An update on Time Credits was provided to the Health and Wellbeing Board in November
- A range of small grants have been awarded to community schemes that help improve the overall health and care outcomes of people and that support community engagement.
- The CCG has supported the development of Patient Participation Groups.

Partnership Commissioning

- The CCG has worked closely with the Council to continue to develop the Partnership Commission Team and its functions.
- The 17/18 Better Care Fund (BCF) plan was approved following a regional assurance process.
- Monitoring of the BCF has developed during 2017 and a dashboard is now in place to track progress against the plans.

- The team has continued to lead on Transforming Care, intermediate and reablement services, community equipment and women's and children's commissioning.

Estates

- The CCG has worked closely with the Council to ensure that health needs are reflected in the Local Plan
- A plan and bids for funding for two further Healthy Living Centres in Chatham and Strood have been developed and submitted for STP funding.
- The Healthy Living Centre in Rainham has had investment to increase its clinical capacity.
- A review of space across the Healthy Living Centres has been completed and a plan to improve utilisation is being developed.

Information and Digital

- The rollout of the same IT system across primary care has almost completed
- iPlato has been rolled out to practices to provide text message reminders of appointments with the ability for patients to cancel them by text thus ensuring that the appointment can be reused.
- A replacement for the Map of Medicine system has been agreed
- eNavigation, the referral system between providers (excluding planned care referrals) continues to be developed
- Improvements to primary care infrastructure have been made following a successful bid to NHS England.
- Order communications for primary care ordering of tests will roll out in 2018

MASCOE

- MASCOE has led on the development of the frailty clinics
- It has worked on the support to care homes through its focus on frailty

Workforce

- A workforce model for the Medway Model has been developed and is being included in the plans for 18/19 onwards
- The Community Education Provider Network plan has been developed during 2017.
- The care navigation pilots were completed and reviewed during 2017. A full service will be commissioned during 2018.