APPENDIX 1

2019/20

Medway, North and West Kent CCGs

[MEDWAY, NORTH AND WEST KENT CCGS OPERATING PLAN 19/20]

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INTRODUCTION TO MEDWAY, NORTH AND WEST KENT (MNWK)

The four CCGs in Medway, North and West Kent (NHS Dartford, Gravesham and Swanley (DGS), NHS Medway, NHS Swale and NHS West Kent (WK)) are the commissioners of local healthcare services serving 1.155m people with a combined budget of just over £1.5 billion. This covers mainly primary care, community, mental health, acute hospital and ambulance services.

The Medway, North and West Kent health and care system includes:

- Four CCGs working together with CCG membership of 160 GP practices
- Three acute trusts – Medway Foundation Trust (MFT), Maidstone and Tunbridge Wells NHS Trust (MTW) and Dartford and Gravesham NHS Trust (DGT)
- Two mental health trusts – Kent and Medway NHS and Social Care Partnership Trust (KMPT) for adult services and North East London Foundation Trust (NELFT) for children and young people services
- Three community health providers – Kent Community Health NHS Foundation Trust (KCHFT) , Medway Community Health CIC (MCH) and Virgin Care
- Two county/unitary councils – Kent County Council (KCC) and Medway Council (MC)
- Seven district councils – Maidstone, Tonbridge and Malling, Sevenoaks, Tunbridge Wells, Dartford, Gravesham and Swale

The purpose of this operating plan is to set out MNWK's commissioning intentions and plans for 19/20 as part of the Kent and Medway Sustainability and Transformation Partnership (STP). Its main objectives include:

- To provide a narrative on all key priorities and deliverables for 19/20
- To provide triangulating commentary on activity, finance and system improvements
- To align with NHS 10yr plan and STP operating plan
- To represent the first year of the 5 year plans requested by Autumn '19
- To start illustrating the ways in which systems will need to work together as ICPs

The document is written is to exemplify the consistency in approach and planning across the four CCGs in MNWK and commentary applies to all CCGs unless stated otherwise. Where local variation inevitably arises this will be managed in the text through section headers, tables or the insertion of the following letters to donate local CCG systems - DGS, Swale, Medway and WK.

OUR CHALLENGES

Across the NHS we are struggling with a number of consistent challenges arising from increasing demand on our services. The growing and aging population, population health and increasing concern about areas of long standing unmet need, together with medical advances, are all contributing to operational and financial pressures. There are also local dynamics which contribute additional challenges and priorities captured below.

POPULATION PROFILES

The following table summarises the age profile and overall health status for each CCG area alongside the proportionate use of services by different patient cohorts. 'Health Status' is determined by 1) the proportion of the population who are complex and frail (not aged), 2) the proportion with a single long term condition, 3) the proportion without health issues and 4) the overall life expectancy. Notably, DGS local system has the poorest overall health status despite having a slightly younger age profile and West Kent has the highest overall health status followed by Swale.

Also highlighted are the 'complex and frail' and 'children and young people' patient cohorts' proportionate use of non-elective services, both admissions and A&E attendances. As illustrated in the graph below, the use of non elective services by these patient cohorts in Swale is disproportionally high despite having a younger population with a higher overall health status, whereas in DGS the 'complex and frail' and 'children and young people' patient cohorts' use of services is proportionately lower despite the overall population having a slightly lower health status. This disparity suggests that the different ways in which services can be delivered based on need impacts a health population cohort's effective use of them.

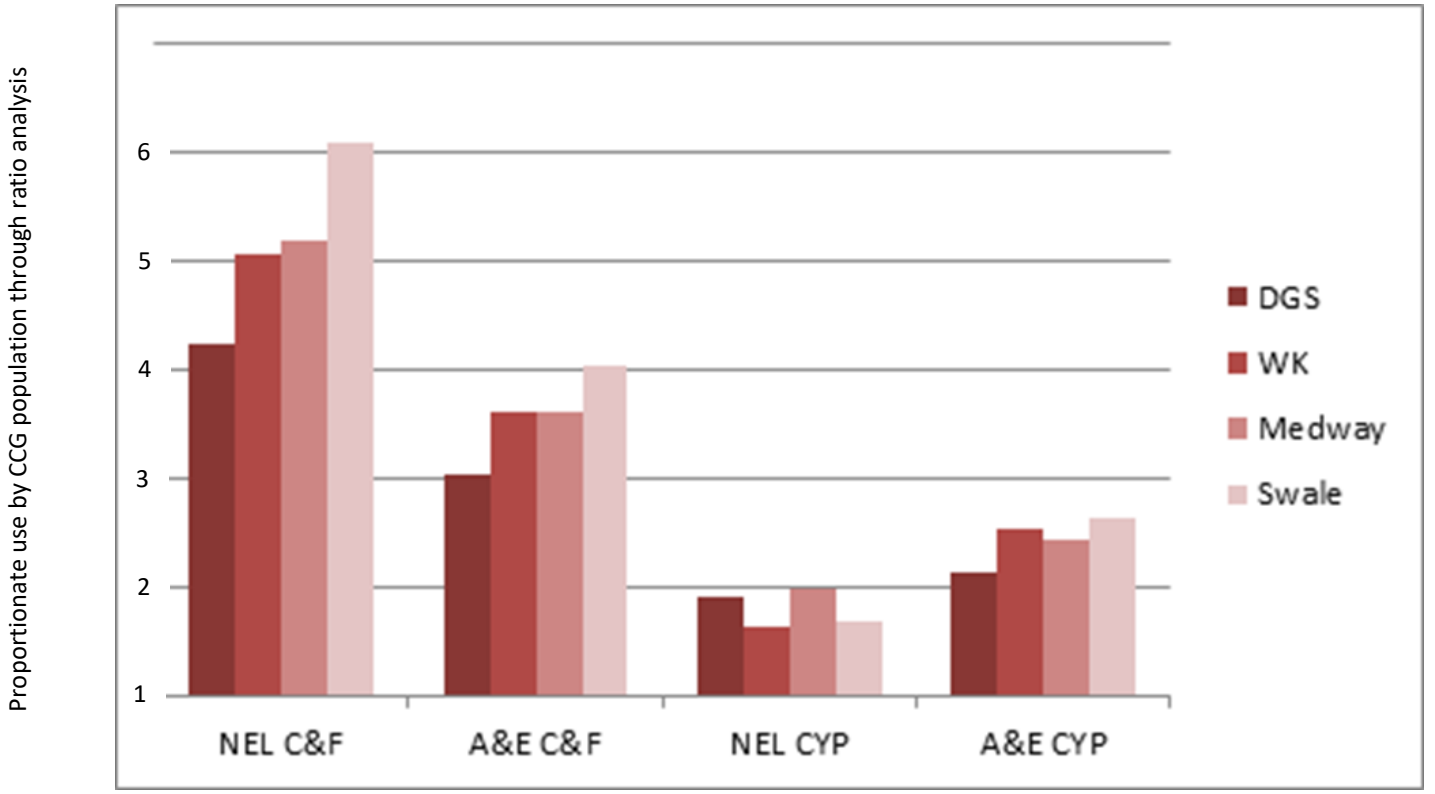
Medway's health status is relatively high but this is in part due to its lower age profile. Other data indicates a population that is possibly 'getting older earlier' with 25-45 and 45-65 year olds using a disproportionate amount of healthcare compared to peers and Medway patients accessing acute and emergency services 26-29% more than expected based on case-mix analysis.

It is also important to understand the difference in use of services by patients within a CCG. In Swale, for examples, there is a distinct difference in need and use of services between the Isle of Sheppey and the town of Sittingbourne. Considering these differences is key when designing and implementing future service changes.

MNWK POPULATION PROFILE (VS KENT)

	DG&S	Swale	Medway	West Kent
Population Profile (vs Kent)	DGS has a slightly lower age profile but a lower overall health status than the rest of Kent population - Children and young people (23% of population) use services proportionately - 11% of the population who are complex and frail utilise services disproportionately accounting for 35% of non elective admissions	Swale has a slightly lower age profile but a higher overall health status, with a lower proportion who are complex and frail, a lower proportion with a single LTC and a higher proportion with no health issues - Children and young people (22% of population) utilise 15% of non-elective admissions & 36% of A&E services -6% of the population who are complex and frail utilise services disproportionately accounting for 30% of non elective admissions.	Medway has a lower age profile and therefore a slightly higher overall health status due to lower proportions who are elderly, complex or frail. However, admissions data shows younger age groups presenting a higher level of acuity - Children and young people (22% of population) utilise 23% of non-elective admissions & 33% of A&E services -7% of the population who are complex and frail utilise services disproportionately accounting for 29% of non elective admissions.	WK has a similar age profile to Kent but a higher overall health status, with a lower proportion who are complex and frail and a higher proportion with no health issues and a higher life expectancy. - Children and young people (22% of population) utilise 14% of non elective admissions but 34% of A&E services. -7% of the population who are complex and frail utilise services disproportionately accounting for 28% of non elective admissions.

SHOWS THE 'COMPLEX AND FRAIL' AND 'CHILDREN AND YOUNG PEOPLE' PATIENT COHORTS' PROPORTIONATE USE OF NON-ELECTIVE SERVICES, BOTH ADMISSIONS AND A&E ATTENDANCES BY CCG AREA



Relative use of NEL Admission and A&E services by CCG populations

OTHER LOCAL CHALLENGES AND PRIORITIES

CCG	Service Delivery	Financial Position	19/20 Priorities
Dartford, Gravesham and Swanley	Flow and discharge from hospital needs to improve to support the ED target and ensure patients are cared for in the most appropriate setting in order to maximise their recovery Three main clinical priorities: Need to improve the care of our frail and elderly patients including those suffering from Dementia Need to address the high level of respiratory and cardiology referrals/hospital based care despite a high level of unidentified need. Need to address issues accessing pulmonary rehab services and other rehab services, such as Stroke	As a system there is a need to address the financial deficits within the system, both in the Trust and CCG. Financial settlements this year have included financial support to restore a greater degree of financial balance and are not planned as recurrent funding streams.	Continue to strengthen local care, particularly around prevention and avoiding hospital attendances and admissions; maximise the contribution from the Primary Care Networks Specifically improve the care of our frail and elderly population through strengthened falls services, better end of life care and dementia care and promotion a focus on nutrition and hydration Strengthen community based care for Respiratory and Cardiology patients, particularly around pulmonary rehab. Strengthen processes to identify those suffering from respiratory and cardiology conditions to close the gap between nos. diagnosed and expected
Swale	Flow and discharge from hospital needs to improve to support the ED target and ensure patients are cared for in the most appropriate setting in order to maximise their recovery The GP service is under significant	Achieving a break even position based on significant efficiency savings and with sizeable local challenges to tackle, such as GP estate, will be challenging	-Strengthen local care, particularly around prevention, and helping to maintain the health of a sicker, younger population Focus on estates solutions to GP accommodation issues in Swale and

	pressure with accommodation issues. These will only worsen with the rapidly growing local population. Need to address issues accessing pulmonary rehab services and other rehab services, such as Stroke		steps to alleviate pressure on current and future GP lists Strengthen access to community rehab services, particularly around pulmonary rehab and Stroke
Medway	Flow and discharge from hospital needs to improve to support the ED target and ensure patients are cared for in the most appropriate setting in order to maximise their recovery Referral to Treatment times remain too long, leading to potential harm for patients physically and psychologically Compliance against the cancer waiting times requires improvement to ensure patients are seen and treated in an appropriate timescale to maximise their care outcomes	Work as a system to address the system deficit which resides within the hospital Trust. Collectively use population needs analysis and service benchmarking to identify opportunities to implement as a system, sharing risk, including financial risk, where required	Mitigate system deficit (MFT) and deliver sustainable and quality services Strengthen local care, particularly around prevention, and help to better maintain the health of parts of the Medway population who present as a sicker, younger population Outpatient transformation to ensure capacity is used appropriately and effectively, providing an enhanced and more timely patient experience
West Kent	Cancer and RTT performance have been unsatisfactory, significantly affected by recruitment challenges and increased cancer referrals. Mental health waiting times, including for children, remain too long although there is improvement.	Maintain relatively positive financial position throughout 19/20 whilst driving transformational change to create sustainable service improvements and a reduction in recurrent costs.	Support MTW recovery over the year and see return to meeting national targets for Cancer and significant improvement around RTT Strengthen Mental Health provision, enhance the partnership with Mental Health providers and further integrate

	Many frail, elderly patients, and others with long term conditions, still receive care in acute hospital beds when alternative and often better pathways are available.		with physical health Continue to strengthen local care, particularly around prevention and avoiding hospital attendances and admissions; maximise the contribution from the Primary Care Networks

A NEW WAY OF OPERATING

Whilst managing the various challenges next year, as commissioners, providers and local partners, we are fast moving towards a new organisational structure in which to collectively operate. A notable development is the consolidation of the commissioning function, currently held by 8 CCGs across Kent and Medway into a single commissioner for Kent and Medway. Alongside this, local provider partners are expected to come together as 4 ICPs to run health services, largely around a large acute trust. The benefits of these changes are clear but it is a significant shift in the way we function as a local NHS, both culturally and organisationally, with much to determine and collectively agree. The table below describes the three different levels at which services will be increasingly run in Kent and Medway throughout this year and into next year.

The Kent and Medway System Commissioner	A single Clinical Commissioning Group (CCG) will be responsible for delivering a number of functions. As a system commissioner, it will be responsible for: • Defining the needs of the population of Kent and Medway down to a population level of 30-50k • Setting the outcomes to be delivered in addressing those needs, including emphasising prevention and addressing health inequalities • Allocating capitated budgets within new financial frameworks that encourage Integrated Care Partnerships to focus on population health • Providing oversight and offering strategic solutions to K&M wide functions such as Strategic Estates, Digital, Workforce, and Finance. • Supporting and delivering the organisational development of providers to become members of Integrated Care Partnerships. • Giving license to, and receiving assurance from, ICPs on the delivery of outcomes within budget • Acting as the point of escalation of dispute and risk in ICPs • Commissioning core services at scale. • Holding a single contract for larger (K&M) providers, whilst enabling and maintaining local flexibility. • Direct commissioning of rare and very expensive services • Providing commissioning support and back office functions

	• Developing a Kent & Medway approach to service and quality improvement In addition to the commissioning of health services, the establishment of a Kent & Medway system commissioner presents an opportunity to explore the potential for closer alignment or integration of health and social care commissioning in the future. Early conversations have been had with the two upper tier local authorities and there is willingness in principle to align first and explore practical ways of integrating health and social care commissioning.
Integrated Care Partnerships	Integrated Care Partnerships represent a provider led collaborative, operating most effectively across a population of 250,000 to 700,000. The logic behind this is the achievement of sufficient scale to collectively look at how services are provided and the benefits, in particular around collective working to offer existing and new models of care that are more effective in responding to people's needs. This use of new and alternative models including ways of working can also support the achievement of improved outcomes, greater efficiency in terms of the use and deployment of resources (e.g. workforce, estate, adoption of new technology) and potentially greater cost effectiveness and output that aligns to a single system control total. The working proposal for Kent & Medway based on population size, is for 4 ICPs. These will be in East Kent, Dartford Gravesham and Swanley (existing Primary & Acute Care Services model), Medway & Swale and West Kent. Key functions of the Integrated Care Partnerships include: • Accountability for the health of their whole population rather than for the delivery of specific service lines as at present • Focus on responding to population health needs and the provision of programmes that promote prevention and address health inequalities. • Ensure a focus on population health; more than the sum of individual care pathways • Assure and oversee the quality of services and care provided. This assurance role will need further scoping in line with changes in NHS England and Improvement • Support organisational development to enable cultural change and thus deliver integrated working at executive, managerial and practitioner level • Local route for escalation and risk management within the system • Local contract management and the increased use of alternative contract forms to support integrated delivery • Taking account of and addressing the needs of their population , particularly in order to address the wider determinants of health, improve prevention and reduce health inequalities • Designing pathways that both deliver the required outcomes and can be delivered within the particular ICP's circumstances. This design will be clinically led within the ICP and be able to demonstrate compliance with best practice and wide clinical , public and political engagement. • Delivering care within the ICP's capitated budget • Having aligned incentive contracts and sub-contracts which foster collaboration within and outside the ICP. • Monitoring and achieving quality standards with robust measures to address failings • Monitoring the care delivered and reporting on performance compared to design.

Primary Care Networks	Primary Care Networks have been an emerging form over the last 12 months as part of the development of primary and more broadly local care provision. The Long Term plan identified further and continued development of Primary Care Networks as a key function and way of further enhancing the integration of local and primary care. The planned Primary Care Networks across Kent & Medway will act as the local vehicles for integration of health and social care services, crossing organisational boundaries in the public, private and voluntary sectors based on local population and individual needs. They will support the delivery of multidisciplinary services to meet the needs of the population as defined across the whole of Kent and Medway The outline above, pending further development, discussion and agreement, signals a change to the way in which health and potentially social care services have been commissioned to date. Future commissioning and delivery will take advantage of models that: • Focus on and are responsive to the needs of the population of Kent & Medway • Seek to be sustainable in their delivery considering key factors such as workforce, standards of care, co-ordination of health and social care needs and financial affordability • Are forward looking and innovative and make improvement to the operational challenges facing current provision • Champion integration and focus on the patient experience and improved outcomes across health, social care and general wellbeing.

MNWK PLANNING APPROACH 19/20

SHARED OBJECTIVES

The 19/20 approach to planning this year has been driven by a need to move towards a more system based way of planning and delivering services. This reflects the transition in 19/20 to one strategic commissioner, 4 ICPs and many PCNs as described above. ICPs in the future will see local partners working much more like one organisation. This in many ways will help the planning process become more coherent and less fragmented as it will be based around the main clinical flows and referral pathways in local system. To help facilitate a new way of planning together a number of clear planning objectives were agreed between commissioners and provider organisations within MNWK this year. The objectives are:

- Local Commissioners and Providers to work towards agreeing within their local systems

- ‘one version of the truth’ through an open book approach
- a common, clinically supported and evidence based plan
- a shared narrative based on common terminology
- new ways of working as an ICP

- As local systems look to tackle systemic issues and financial imbalance with all sector partners
- Adopt a population health approach to challenges and planning
- Seek to improve quality and remove unwarranted variation
- Across local systems and the MNWK footprint maximise service delivery and capacity
- Ensure shorter term annual plans are set within the context of longer term 5 and 10 year plans

WORKING PRINCIPLES

Planning across a system is not without its challenges, especially where there is pressure on funding and capacity, and where data quality may be questionable. The system has agreed a clear set of short and long term planning principles (see below) to help guide focus and behaviours, particularly when difficult issues arise. The working principles are also aimed at meeting the planning objectives outlined above.

- Open and transparent working with effective engagement of staff and patients
- A deficit anywhere in the system is considered system failure requiring system action
- Any associated risk on tackling issues is considered a shared risk to be collectively mitigated
- Improvements/changes being sought should look to improve the quality of services as well as making efficiency gains
- Planning objectives, priorities & assumptions should be jointly agreed with partners to form a strong base for forward planning & ICP working

- Local systems plans should be underpinned by local alignment around income, expenditure, capacity, activity and workforce numbers
- A consistent planning approach should be adopted across the MNWK footprint with variation in local system plans where required

REINFORCING SYSTEM WORKING

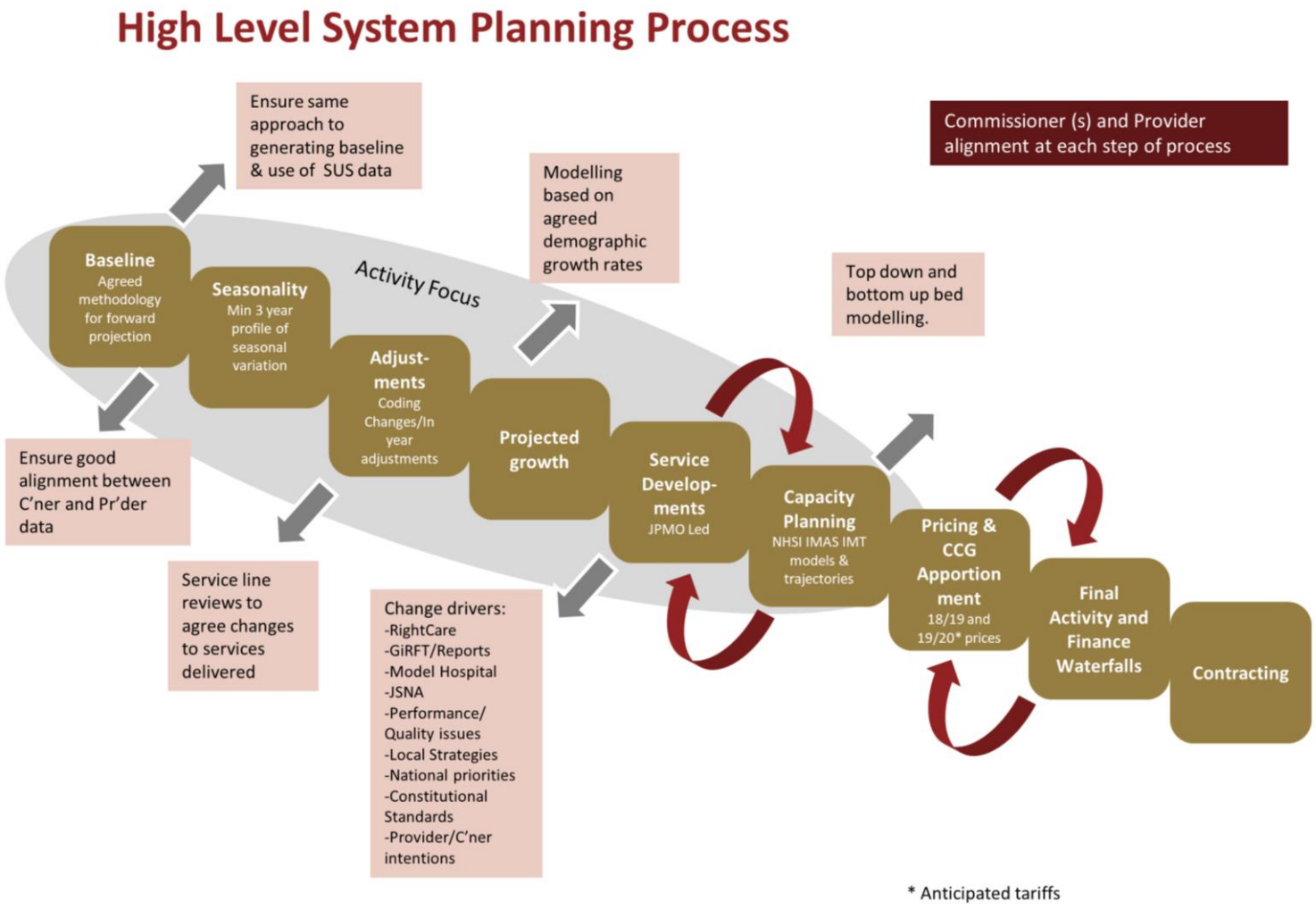
In order to effectively meet the objectives of the 19/20 planning cycle, and help adhere to the working principles, particularly around system working, it was proposed and agreed in the Medway, North and West Kent (MNWK) footprint that a dynamic system modelling approach to demand and capacity planning would start to be used. Reliable data, and building a consensus around analysis and modelling, will be key to helping systems work effectively together and to prioritise expenditure and resources to best benefit patient care and well-being.

We will build upon the existing 'whole-population' and 'local care system' dynamics models that have been developed over the last 12-18 months for Local Care in all CCGS to evidence the impact of improvements/interventions on the whole system. This approach to analytics, assumption building and systems modelling will be supported by the Kent & Medway Community of Practice for advancing applied analytics, funded by the Health Foundation and being evaluated by Southampton University. More analytical capacity and capability will be needed at the Kent and Medway level going forwards to ensure there is sufficient population health needs analysis and modelling to effectively plan across large footprints and galvanise organisations with inevitable self-interests.

Also key to successful planning at the system level is a clear and robust process that is understood by all partners, and adhered to. The infographic below depicts the approach this year and time should be taken to further strengthen this process for subsequent years based on collective learnings. The step by step approach formulates plans which reflect:

- Consistent approach to modelling baseline position and reconciled
- Seasonality and adjustments for peaks in demand during winter months, particularly around elective care
- In year adjustments such as coding improvements, service terminations or activity reductions for the EBI categories identified nationally
- Projected growth based on local activity trend (min of 3 years) and population cohort need (see growth rates below)
- Adjustments for demand management and other efficiency schemes agreed by the system (QIPPs/CIPs)
- Identifying an achievable performance target based on case mix and detailed demand & capacity planning, then adjusting plans accordingly
- The delivery of national priorities in terms of performance and targeted developments as well as local priorities

PLANNING PROCESS



GROWTH RATES

The growth rates used by main acute providers are included below. These have been generated on a trend based analysis between commissioners and providers. In Medway the patient cohort 'genuine' need model was also utilised with an 80/20 split between trend/cohort need.

Acute Provider	MTW	DVH	MFT
A&E	5.0%	5.7%	2.34%
Elective Day Case	3.6%	4.4%	3.47%
Elective Inpatient	3.6%	1.7%	-4.13%
Non Elective Inpatient 0 Los	2.3%	4.2.%	4.38%
Non Elective Inpatient +1 day	2.3%	3.8%	2.68%
Outpatients (new)	4.7%	4.5%	2.21%
Outpatients (follow up)	4.7%	3.8%	1.59%

Growth figures used for main acute providers during 19/20 planning

BENCHMARKING TOOLS

The planning processes this year have had a clear focus on alignment activities between providers and commissioners; moving towards a whole pathway-based approach to planning care for our populations; and the use of benchmarking and other reports to identify areas for improvement, e.g., RightCare , *GIRFT, ECIP.*

All systems are working with the NHS RightCare programme to identify areas of variation in commissioned services and to implement national priority initiatives in 2019/20 for cardiovascular and respiratory conditions. They will also be addressing variation and improving care in at least one additional pathway beyond the national priority initiatives. In DGS, a specific workstream focussed on clinical variation is in place and is currently working on projects in the following specialities: Cardiology, Paediatrics, General Surgery, ENT, Gynaecology, Ophthalmology, Pain Management, Diabetes and RATC for Tonsillectomies, Carpal tunnel and Circumcision. The MNWK CCGs will also continue to work with GPs to reduce unnecessary referrals into hospital through using GP RightCare data to identify opportunities and outliers, and increase the focus on the development of primary care services to further reduce referrals and follow-ups.

Across MNWK, alongside PMO training, relevant staff are also receiving training on using RightCare and other benchmarking tools. GIRFT is a methodology that seeks to improve the quality of clinical outcomes, to reduce unwarranted variation and complications and employs data sets for a range of specialties like RightCare. GIRFT provides detailed insight into variation in the acute system services in a way that has not been available before. The programme will be a key feature within the MNWK System Transformation Plans together with other benchmarking tools such as Model Hospital, Model Community and JSNAs.

Finally, planning has taken full account of notable pieces of local system work to support recovery planning including the following:

a. DG&S/DVH – "Drivers of Debt" analysis (Carnell Farrar)

b. Medway – System Capacity & Demand Gap (GE Healthcare), System Recovery Plan, System Development Workshops (Ernst & Young)

c. All systems – Local Care Modelling (Whole Systems Partnership)

KENT & MEDWAY SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP)

SYSTEM PRIORITIES AND DELIVERABLES – THE KENT & MEDWAY CONTEXT

Organisations' 19/20 operating plans are the starting point of a new five year plan for Kent & Medway that will published in the autumn as per national requirements and have had to take full account of the system priorities and deliverables at the Kent and Medway level.

The K&M Sustainability and Transformation Partnership has developed considerably over the past two years with the following achievements:

- A decision on stroke reconfiguration in K&M that will create hyper acute stroke units leading to improved outcomes for patients in line with what has already been demonstrated in London and Manchester
- A commitment amongst our CCG Clinical Chairs and Governing Bodies to create a system commissioner, with a focus initially on Cancer. Further priorities will be identified throughout 19/20
- The development of system commissioner as a system 'leader', driving a population health approach and setting standards and outcomes
- The creation of K&M posts and structures to support the system commissioner, including a new Cancer structure that brings together CCG expertise with the Cancer alliance
- Collective agreement across all partners to a Clinical Strategy that provides a single set of guiding principles for all of our transformation efforts

- Support across both the Local Medical Committee and our CCG Clinical Chairs to create a GP led K&M Primary Care Strategy – this was decided before the national request for systems to create local strategies
- Collective commitment across all partners to a Local Care model that will shift care closer to home and deliver more personalised, anticipatory care. Investment for 18/19 implementation was secured against the backdrop of several financially challenged geographies reflecting how sub-systems are working together more effectively for the 'greater good of the system'
- Creation of a new non-executive board for our STP, that will be responsible for appointing an independent Chair

K&M are committed to achieving Integrated Care System (ICS) status by 2021/22 at the latest. The priorities for ICS development in 19/20 will be the evolution of the system commissioner and the development at pace of the Primary Care Networks, bedding down the governance changes made in 18/19 to ensure that decision making is robust and streamlined.

In developing the K&M five year plan, the existing STP programmes will be built upon to strive to match the level of ambition in the NHS 10 Year Plan, being clear about what will be achieved over the time period and where complex, challenging decisions may be necessary. The renewed focus in the NHS 10 Year Plan on children services, prevention, and mental health is welcomed. These areas will be a priority focus in the coming months to develop multi-year action plans that will feature in K&M five year plan.

With ICS development and care transformation efforts now gathering pace, key focus areas for 19/20 will need to be developing the implementation of digital transformations, and planning the estate needed for the future. The care outcomes and quality improvement we all want to see will not happen without growing, supporting and future proofing our workforce. Modernising technology and in particular, sharing records across the system is critical to delivering the new care models that move care closer to home and will require workforce to work in multiple settings. Lastly, different space solutions will need to make better use of the estate and that we need to deliver on our successful wave 3 and 4 projects.

To achieve the Kent and Medway vision, a Clinical Strategy has been developed – Quality of Life, Quality of Care – comprising the following principles:

QUALITY OF LIFE:

- Focusing on the whole person and what matters most to them.
- Prevention as the starting point, for all people and pathways, recognising the greater scale of impact that we can have by avoiding ill health in the first place as well as preventing the development of secondary conditions.
- Aspiring to protect the vulnerable and how best to access more geographically or culturally remote groups.
- Caring for the person, not just the condition – applying interventions that address the interactions between mental and physical health, social and general wellbeing, and wider determinants of health (e.g., housing).
- Supporting people to look after themselves including promoting a healthy living environment and targeted support for people with complex or long term conditions.

QUALITY OF CARE

- Aspiring to ensure people can access care and support in the right place at the right time.
- Striving to achieve the best outcomes and highest standards of care by adopting evidenced based practice, applying best practice guidelines and embracing research and development.
- Continually assessing our performance, always learning (including from mistakes) and making changes to improve.
- Embracing the use of technology and sharing information.
- Equipping our workforce to provide the best quality of care, both in terms of numbers, training and support.

To achieve the vision and clinical strategy, there is a need to organise our system differently, seizing on opportunities to drive consistency and reduce variation. Creating a K&M system commissioner and developing our Primary Care Networks (serving populations of 30,000 to 50,000) are system priorities for 19/20.

The Sustainability and Transformation Partnership is structured to support the delivery of our vision and clinical strategy, with the following priority programmes:

- Prevention
- System transformation
- Local Care
- Primary Care
- Workforce
- Digital
- Stroke
- Estates

FINANCE OVERVIEW

The following tables aim to demonstrate the financial position of the CCGs and their main providers. Whilst there is some degree of financial balance in the West Kent system, there is inbalance in the remaining CCG systems. In the Medway system the financial deficit resides with the hospital trust and in the DGS and Swale system deficits exist at both provider and commissioner levels as detailed below. For those systems in deficit additional funding has been made available and the control totals given to some providers and commissioners recognise the challenge of returning to financial balance without assistance.

CCG	18/19 CCG Surplus/Deficit	19/20 CCG Control total (challenged?)	List individual main providers		Contract Values	QIPP/CIP programmes	Risk Assessment
			18/19 Surplus/Deficit	19/20 Control Total			
Dartford, Gravesham and Swanley	F/c (£9.9m)	Target £0m Plan -£5m	MFT (£46.1) DVH (£19.6) KMPT (£0.6m)	MFT (£22m) DVH £0m KMPT £0m	MFT £7.6m DVH £151m	DGS £13m DVH £10.9m	-Efficiency (QiPP & CiP) on a recurrent basis -Challenge of meeting control total
Swale	F/c £0.0m	Target £0m Plan £0m	MFT (£46.1) KMPT (£0.6m)	MFT (£22m) KMPT £0m	MFT £55m (MCCG = lead C'ner)	CCG £7.5m MFT £18m	-Need to maintain £0m position will be challenging -Efficiency (QiPP & CiP) (all at risk) -Capacity to deliver the activity in order to support RTT
Medway	F/c £0.0m	Target £0m	MFT (£46.1)	MFT (£22m)	MFT £139m	MCCG £10m (net)	-Efficiency (QiPP & CiP) (all at risk) -Capacity to deliver the activity in order to support

		Plan £0m	KMPT (£0.6m)	KMPT £0m	KMPT £21.2m	MFT £18m	RTT -New contract form
West Kent	F/c £0.0m	Target £0m Plan £0m	MTW £11.7m KCHFT £6.8m KMPT (£0.6m)	MTW £6.9m KCHFT £2.2m KMPT £0m	MTW £275m KCHFT £33.4m KMPT £33m	CCG £17.7m MTW £25m	Efficiency (recurrent QiPPs & CiPs) Capacity to deliver the activity in order to support RTT Capacity to recover Cancer performance on a sustainable basis

ACTIVITY AND FINANCIAL PLANS 18/19 VS. 19/20

The following tables highlight the movement in activity between years 18/19 and 19/20 for the main Acute provider in the CCG's local system. Growth rates and adjustments applied to the 18/19 baseline figure are detailed in the planning section of this document. Activity trajectories to re-cover under performance against national targets are detailed in the relevant service sections.

System improvements (QIPPs & CIPs) will be key to recovering and maintaining good service performance as well as securing MNWK's financial position. An overview of QIPP and CIP programmes is included in the financial returns and will be explored more widely throughout this document. The PMO processes to deliver these programmes have been strengthened in terms of process, resource and cross system working. Programmes are validated and signed off through the agreed system governance route as part of a gateway process which is now embedded. A tracker in each local system has been developed to create a pipeline of further opportunities which continue to be worked up to provide risk mitigation and an ongoing rolling improvement programme.

Delivery programmes:

- Local Care
- Prevention and Health Inequalities

Enabling Programmes:

- Digital
- Quality

- Medicines Optimisation
- Integrated Urgent & Emergency Care
- Planned Care, including major illnesses
- Maternity and Children
- Cancer
- Mental Health and Learning Disabilities
- Primary care development
- Workforce
- Estates

For clarity, Medway CCG is the lead commissioner for the MFT contract. As a result the tables below are split into DGS, West Kent and North Kent (covering Medway, DGS and Swale).

NORTH KENT – MEDWAY FOUNDATION TRUST

POD North Kent CCGs (Medway, Swale and DGS)

Summary POD	18/19 (Start Point)		19/20 Plan		Commentary on notable shifts
	Activity	Cost	Activity	Cost	
A&E	86,619	£15,103,524	86,854	£14,747,875	
Critical Care	10,142	£9,635,448	10,142	£9,635,448	
Daycase	23,603	£17,394,535	21,954	£16,609,870	
Direct Access	2,387,459	£8,640,004	2,387,459	£8,640,004	
Elective	5,445	£15,313,822	5,793	£15,460,776	
Maternity	9,952	£9,551,295	9,892	£9,551,295	

Non Elective	47,561	£100,818,974	46,083	£89,654,576	
OP Diagnostic	99,227	£3,767,423	99,718	£3,767,576	
OP First	81,147	£13,789,608	82,525	£13,596,578	
OP Follow Up	153,407	£13,052,150	146,378	£12,841,287	
OP Procedure First	24,150	£4,030,919	18,579	£2,569,715	
OP Procedure Follow Up	25,148	£4,426,195	22,440	£4,088,614	
Other	94,383	£7,924,918	91,003	£6,147,552	
M-RET Adjustment	-	-£5,494,428	-	-£1,271,132	
First to FUP Ratio	-	-£3,580,910	-	-£3,616,719	
Re admissions	-	-£2,787,468	-	-£2,815,342	
Total	3,048,243	£211,586,009	3,028,820	£199,607,976	
CQUIN	-	£2,644,825	-	£2,495,100	
Total	3,048,243	£214,230,834	3,028,820	£202,103,075	

WEST KENT – MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

POD West Kent CCG

Summary POD	**18/19**		**19/20**		**Commentary on notable shifts**
	Activity	**Cost**	**Activity**	**Cost**	
A&E	149,772	£19,303,781	156,011	£22,994,060	Tariff uplift and Demographic growth

Critical Care	5,134	£6,058,518	5,134	£6,222,098	
Daycase	30,486	£24,090,748	33,723	£30,099,087	Prime Provider activity addition
Direct Access	1,025,794	£11,585,990	1,041,086	£12,169,192	
Elective	5,804	£14,930,969	6,443	£20,367,356	Prime Provider activity addition
Maternity	10,421	£9,794,486	10,535	£10,336,211	
Non Elective	68,756	£106,702,460	71,750	£113,651,209	Tariff uplift and Demographic growth
OP Diagnostic	54,398	£5,675,484	59,998	£6,280,644	
OP First	126,692	£17,705,437	135,696	£19,271,507	Prime Provider activity addition
OP Follow Up	193,045	£19,098,037	220,653	£21,681,670	Prime Provider activity addition
Other	27,655	£19,637,431	21,303	£15,923,548	HCD QIPPs & ward attender FYEs
M-RET Adjustment	0	-£7,108,525	0	-£5,178,000	Adjustment
First to FUP Ratio	0	-£391,261	0	-£401,825	
Re admissions	0	-£2,167,176	0	-£2,121,000	
Total	**1,697,957**	**£244,916,380**	**1,762,332**	**£271,295,757**	
CQUIN		£5,833,314		£3,291,901	Tariff uplift and Demographic growth
Total	**1,697,957**	**£250,749,694**	**1,762,332**	**£274,587,659**	

DARTFORD, GRAVESHAM AND SWANLEY – DARENT VALLEY NHS TRUST

POD DGS CCG

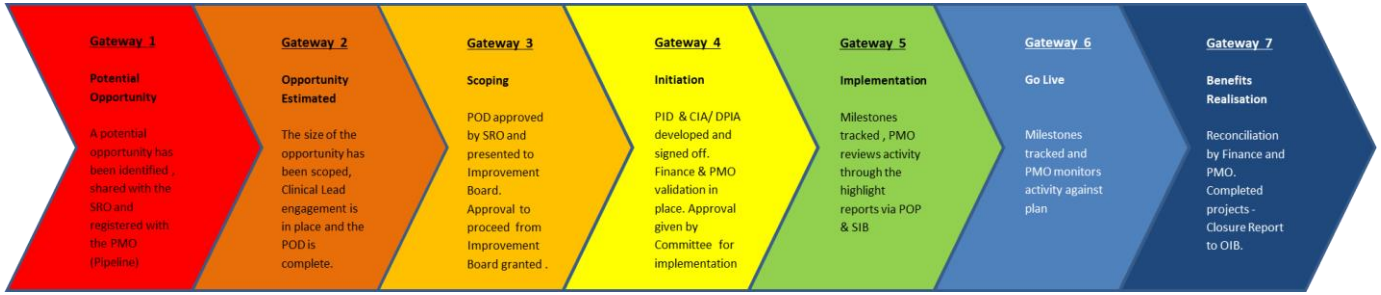
Summary POD	18/19		19/20		Commentary on notable shifts
	Activity	Cost	Activity	Cost	
A&E	77,559	£12,295,668	82,615	£14,693,439	Trended growth 6.5%
Critical Care	3054	£3,676,587	2976	£3,662,715	
Daycase	17,489	£13,748,117	17,836	£13,655,851	Trended growth 4.4%
Direct Access	32585	£1,090,779	32793	£795,165	
Elective	5147	£13,106,227	5251	£13,684,862	Trended growth 1.7%
Maternity	6332	£6,850,659	6405	£7,094,719	
Non Elective	30249	£63,028,126	30601	£66,687,991	Trended growth 4.2% (0 LoS) and 3.8% (1+ LoS)
OP Diagnostic	28,493	£2,871,487	30,258	£3,024,294	
OP First	66,623	£10,666,105	69,935	£11,245,704	Trended growth 4.5%
OP Follow Up	130,237	£7,344,460	136,228	£8,549,206	Trended growth 3.8%
OP Procedure First	19,662	£2,296,302	21,130	£2,394,325	Trended growth 6.3%
OP Procedure Follow Up	16,675	£2,347,060	17,813	£2,373,274	Trended growth 6.3%
Other	26,372	£8,283,012	26,729	£8,632,876	
M-RET Adjustment		-£3,688,543		-£3,489,000	
First to FUP Ratio		-£180,047		-£229,984	

Re admissions		-£800,000		-£800,000	
Total	**460,477**	**£142,935,999**	**480,570**	**£151,975,437**	
CQUIN		-£150,000		£1,885,196	CQUIN included in PODs in 18/19 Figures
Total	**460,477**	**£142,785,999**	**480,570**	**£153,860,633**	Growth £5.3m and Tariff Impact £5.6m across all PODs

DELIVERING SYSTEM IMPROVEMENTS

Robust PMO processes and governance are now embedded across MNWK to deliver improvement work via system wide virtual or joint PMO arrangements. They are formalised through a Delivery Framework overseen by executive led transformation boards and joint executives. A role of the transformation boards is to oversee and performance manage the delivery of the system improvements in alignment with STP programme implementation and system wide efficiencies.

The Delivery Framework sets out the process steps required to deliver projects successfully and in a style that can be understood and undertaken by everyone. The Gateway Process describes the sequential and linear steps to achieving the checkpoint items in order to obtain authorisation to proceed. The Gateway process is set out below:



The PMO function coordinates a robust validation process and regular financial reconciliation to ensure that all improvements are:

- Properly evaluated with coherent milestones
- Correctly calculated and verified by Finance
- Measurable with clearly set out milestones
- Clinically safe; as the scheme is developed it is supported by a Q&EIA owned by the project lead and a Senior Responsible Officer (SRO)

The CCGs are closely engaged with system partners to work collaboratively in adopting a systematic approach to the delivery of Improvement Programmes. This will ensure Improvement Programmes are clinically and managerially co-designed, creating transparency and shared understanding of the system quality, activity and financial benefits the programmes will deliver. A Heads of PMO forum exists in MNWK to ensure methodologies, processes, knowledge sharing and learning across Medway, North and West Kent. Aspire is also being rolled out across the MNWK footprint to support joint PMO working between system partners.

LOCAL AND PRIMARY CARE

HEADLINE

Thinking around Primary Care Networks has gathered pace significantly in recent weeks with their anticipated formation by the summer of 2019. The PCN model looks to stratify and maximise resources for integrated community working in order to support the most vulnerable population and to maximise prevention and self-care. This supportive care will be delivered through multi-disciplinary teams, robust care navigation, a social prescribing infrastructure and rapidly building community capacity to avoid the need for Acute based services.

PCNs will also develop coherent plans during their formation to work with the local Public Health and Social Services colleagues to improve access to wider support services as well as health and well being programmes, e.g. social prescribing, screening, immunisation, addiction and obesity support. Helping to improve health and general well being, and thus enhancing people's quality of life, will help to address health inequalities.

OVERVIEW

The MNWK CCGs are committed to strengthening community based care through a recurrent £1.50/head of population to develop and support the formation of Primary Care Networks by 30 June 2019. This amount will build on the per head CCG investment in primary care transformation during 2017/18 and/or 2018/19. The CCGs plan to introduce nationally-agreed contract arrangements for PCNs when appropriate, ensuring that community services are configured in line with PCN boundaries.

The MNWK CCG areas have already seen developments to support the formation of PCNs but these developments will now need to gain significant pace to meet national expectations. Challenges around workforce and estate will need to be tackled as part of PCN planning to ensure services are well placed to deliver the services expected of them.

WEST KENT

In West Kent there are 7 'clusters' with populations ranging from 48,000 - 90,000. Mapping of practices to Primary Care Networks is being undertaken by West Kent Health (federation) as part of a PCN development plan. Clinical leadership is now in place within each cluster and a collaborative approach to working in clusters is being led through West Kent Health for MDTs, Extended Access, LIS and the Diabetes Service. Furthermore, 5 Clusters now deliver care via whole population approach using shared workforce for the following services: Cluster paramedics, clinical pharmacists and physiotherapists.

MEDWAY

In Medway, there are a probable 7 PCNs under development; Rainham, Lordswood, Rochester and Gillingham will be aligned to existing Healthy Living Centres. New Healthy Living Centres in Strood and Chatham are being developed and further discussions are underway with regards to the Hoo Peninsula and the required infrastructure to support its population growth. These seven PCNs will build upon the work already established in Local Care Teams as defined in the Medway Model, and will provide good health estates to enable care to be delivered closer to home within a modern environment. Work has commenced with clinical leads to develop and establish the PCNs by July 2019 including appointing Clinical Directors and agreeing financial flows.

DG&S AND SWALE

In Swale and DG&S CCGs sessions are being held with practices to begin planning the way forwards as PCNs. Practices, the Federations and the LMC are still determining how they will form PCNs and what support they require. Practices are also in planning discussions with each other in their localities. PCN development and the requirements are the focus of Swale PLT on 21st March and DGS PLT on 9th April and a paper was presented at both PCCCs in March. A key question is whether existing working arrangements, e.g. for MDTs, reflect future PCNs. The CCG is targeting 100% coverage of PCNs by 30 June 2019. In the

meantime, MOUs are in place to ensure that the projects/schemes funded by the GPRF will be delivered. Interim and end review reports and case studies are being provided to NHSE to evidence delivery.

The tables below outline in more detail how PCNs are developing and how primary care and local care will be strengthened during 19/20 to increase the delivery of effective community based care. This will help hospital based provision to deliver the services expected of them despite ever increasing demand from an aging and growing population. Interventions to strengthen local care include: Rapid Response Services; Care Home support; Integrated Care Reviews; Care Navigation; Extended Access; MDT Meetings; Community Geriatrician Service; Falls and Fracture Liaison service and Social Prescribing.

Medicine Management is an important source of efficiency savings and these developments are also included below. Across Medway, North and West Kent, teams are continuing to ensure people obtain the best possible outcomes from their medicines through:

- local stakeholder engagement and collaboration with clinicians and partners in primary care, acute trusts, wider community providers and social care
- implementing systems to ensure optimised use of medicines in care pathways
- polypharmacy reviews, clinical audits and cost effective medicines use audits in CCG member practices

For clarity, when no local system is specified in the tables below it should be assumed the improvement/change is happening across MNWK.

IMPROVEMENT PLANS

RAPID RESPONSE

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Rapid Response	Patients requiring a rapid response from a community service will receive this within 2 hours, allowing	MNWK CCGs will continue working with system to improve the responsiveness of community services.	The Rapid Response Team will provide a crisis response and can support hospital discharges and	See below for specific CCG commentary	Regular monitoring of outcomes and revising protocols where required

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
	appropriate action to be taken that will either allow their care to continue to be delivered in the community setting, or be escalated as appropriate, offering the maximum potential for reversal or treatment of their condition	Rapid response teams aim to deliver services within two hours of referral (NICE guidelines), and reablement care within two days of referral Should see reduction in demand on GP practices, enabling GPs to better support other services	unnecessary admissions, as well as providing unscheduled nursing care out of hours, including crisis management for patients at the end of their life.		
	DGS & Swale				
			Investment in 15 clinical and non clinical staff in DGS and 10 clinical and non clinical staff in Swale in a Home Treatment Service	Phased plan with full implementation in Q2 of 19/20	Focus on recruitment of PPs and HCAs
	West Kent				
			Investment of more than £1 million (in addition to £2.6 million contracted) into the WK Home Treatment and Rapid Response services	Ongoing recruitment of healthcare professionals, including therapists, doctors and healthcare assistants as well as increased operational hours of the local referral unit (LRU).	
	Medway				

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
		Development of a multidisciplinary urgent response team with a single point of access for primary care clinicians to refer patients in crisis	Rapid Response service builds on jointly funded pilot with Medway council Q4 18/19 with home care provided same day MCH are also trialling Single Point of Access (SPA) through Gillingham locality Q4	Delivery Q1 – Q2 19/20 In addition, MCH piloting 'Buurtzorg' model of nursing care with European funding which includes rapid response. If successful then this will be rolled out across Medway	

CARE NAVIGATION

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Care Navigation	STP Plans and National Strategy Where possible patients should be directed to alternative and more appropriate care providers including social	Support GP practices to manage patient demand and to enable frail and complex patients to receive an effective care plan to support them to remain well and independent	Care co-ordinators to assist patients; manage MDT and community referrals and produce/share Patient case histories Continued monitoring of	Care co-ordinators employed across CCGs e.g. DGS 3 co-ordinators and Swale 2 care co-ordinators, plus 12 Community Navigators in DGS and 6 in Swale Wellbeing Navigation Service	Monthly performance management of the service identifying any issues around referrals nos.

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
	prescribing	Support patients in accessing appropriate support and interventions across Health and Social Care services to reduce the burden of inappropriate contacts with health services Increase the knowledge of patients around self-referral options into healthcare in order to reduce the demand on GP practices	Care Navigation Service to identify gaps in resources and realign depending on needs Continued delivery of level 2 signposting training to be delivered to practice admin staff Self-referral Poster to be relaunched and ongoing engagement with practices to reach a wider audience	across Medway from Q3 18/19. Service is aligned to the Medway Model with Wellbeing Navigators based in each locality aligned to GP practices. Navigators also working with the acute trust to support discharges and target re-admittance avoidance Esther café implemented to support patients and community teams	

CARE HOME SUPPORT

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Care Home support					
	Support care homes to enhance residents' quality of life	Reduce A&E attendances and admissions from care home by improving quality of health care provision in care homes	100% alignment of 'Practices to Care Homes' and qualitative/ quantitative monthly data analysis nutrition/hydration;	Medway - 23/33 Care Homes for older people have an aligned practice. ED admissions continued to reduce through Q3 18/19. Early results from some homes show early	

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
		Improve IT/digital access including and collaborative working between health, social care and care home colleagues	rehab and reablement; EOLC, dementia, training and development of workforce and proactive enhanced GP services (e.g. residents x2 yearly meds review)	reduction of out of hours service use Communications (SBAR) and early warning signs training being delivered to care home staff. As well as offers for end of life verification and dementia training	

INTEGRATED CARE REVIEWS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Integrated Care Reviews	Local Strategy, e.g,. WKA Frailty Patients who are frail and elderly should have access to specialist acute services that are holistic and put them at the centre of the multidisciplinary team	Establish acute frailty services, so that patients can be assessed, treated and supported by skilled multi-disciplinary teams The patient and their carer are at the centre of the team and fully involved in their care	Delivering comprehensive geriatric assessments in A&E and acute receiving units for at least 70 hours a week. Work towards achieving clinical frailty assessment within 30 minutes of arrival. To explore links with Hot Clinics in hospitals and	Alignment of community geriatrician support (to the MDTs, RRS and Home Treatment Service) with acute geriatrician service developments. CCGs are working with partners re effective use of additional monies for community geriatrician service	Seek funding options from WKAEG for acute Look to downgrade escalation position for assessment units to avoid site pressures impacting on service Data cleansing exercises undertaken regularly to sense check data. Ongoing development of I.T initiatives to support

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
			ongoing evaluation to inform Integrated Locality Reviews.		Ongoing development of interoperability between EMIS and Vision practices.

EXTENDED ACCESS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Extended Access	STP Plans and National Strategy	To increase access to routine GP services for all patients: outside normal surgery hrs, including at evenings, weekends and during peak times of demand, incl. bank holidays and across the Easter, Christmas and New Year period	Implemented Oct 2018. Increse to 45 minutes per 1,000 population in 2019 Planning is underway to integrate extended access with other services to maximise capacity, availability and utilisation of appointments	Extended Hours DES introduced to all Networks by July-19 Awaiting date from NHSE for implementation of additional 15 minutes Regular return to NHSE that includes information about integration with 111, utilisation rates, advertising including practice websites	New rostering tool to help find staff to work the additional hours required in 2019 Detailed report about extended access for PCCCs -includes fill rate, activity by day of the week and appointment utilisation and DNA rate. Evaluation of the service end of March after operating for six months

MDT MEETINGS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
MDT Meetings	Multidisciplinary input into patients care should allow for a better coordinated approach, maximising their treatment and outcomes and incorporating their own wishes	Teams meet regularly, review and build health and wellbeing plans across their services with access to each others' data. This is complimented by care navigation	Adults with complex conditions are targeted with preventative efforts by the MDT. These efforts involve integrated physical and mental health support. Widespread use of IT to support self-care/health monitoring, segment ation/risk stratification to identify those at risk	WK - MDT model embedded. Revised model to be implemented by end Q2 2019 DGS&S - 6 local MDTs in DGS (4 live now and last two by end Apr 19) and 3 in Swale. Include health & social care plus voluntary sector services, care navigation & social prescribing. Medway – 6 MDTs live. Teams include primary care, secondary care, mental health, social care, community services and the voluntary sector	Engagement encouraged through an incentivised SLA between the Federation and GP Practices Leads to explore how to extend existing staff base to meet MDT staffing reqts. Arrange agency cover to fill staffing gaps in short term.

COMMUNITY GERIATRICIAN SERVICE

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Community Geriatrician Service	Right Care Local and National	Provide specialist advice to GPs/Rapid	Rapid Access clinics and specialist advice line	DGS&S - Project plan in place: Recruitment underway for APs	Virgin care proactively marketing for APs and a

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
	Strategy direction	Response/Community nursing to strengthen services ability to manage and maintain patients in the community	planned to support GPs, Rapid Response`, Community Nursing and PCHVs Also in attendance at MDTs to support local decision making	with specialist training in elderly care (one for DGS and one for Swale). Investment in a 'Community Geriatrician' service approved WK - Sessional geriatrician input into MDT meetings, specific post to be recruited to by West Kent Health Ltd. To be in post by Q2 2019/20 Medway- Frailty service being developed as pathways in and out of MDT. Frailty Assessment Unit, Ambulatory hot clinics developing alongside rapid response. Frailty Geriatricians integral to all MDTs	potential alternative service has been proposed by the Swale GP Federation that is being consulted on Limited number of Geriatricians need to work collectively to reduce impact on specialist support whilst still delivering the outcomes

FALLS AND FRACTURE LIAISON SERVICE

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Falls & Fracture Liaison Service	Right Care Local and National Strategy	Reduce A&E attendances and admissions with primary cause of falls Reduce numbers of	Working with SECAMB and Rapid Response colleagues on plans to reduce repeat falls/risks of falling.	West Kent - Falls Service set up from 21st Jan 2019. Aiming to reduce A&E fall related attendances by 10%, admissions and NOFs by 8%.	No current service so clinical posts will need to be recruited into in full which may delay implementation/roll out.

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
		fragility fractures and fractured NOFs	The Fracture Liaison Service (FLS) will ensure that patients are assessed after fragility fracture and offered secondary prevention	Working with MTW to implement new fracture liaison service by Q3 2019/20. Medway & DGS&S -Reducing the risk of falls is incorporated within the RRS and PCHVS (aka Home Treatment Service) projects.	

NB: For information on Social Prescribing please see Prevention section.

PRIMARY CARE NETWORKS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Formation of PCNs	Local and National Strategy	PCNs will enable practices to work more effectively and actively with each other to provide resilience; a larger, more varied staff team in Primary Care and improve services at local levels	During 19/20 the CCGs in the Medway, North and West Kent will continue supporting practices with their development plans and will ensure they are practically helped to access the PCN Development Programme by 31 March 2020	PCNs are appointing clinical directors and indicating how the PCN will be made up, to be complete by 19th May 2019. PCNs should be operating from July 2019 PCNs will start to receive the additional funding from July 2019. New staff can be deployed into PCNs funded under the new GP contract	CCGs fully supporting practices so they can agree the configuration of their PCN by the required date and secure the associated funding

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
PCN Estates					
		GP practices are reimbursed by CCG for the space they use for GMS services to practice's registered population. Presents a recurrent revenue implication to CCG. Any increase in premises provision needs to be factored into the CCG's future planning processes. Each CCG's primary care estates strategy takes account of the planned housing growth and additional space requirements going forward	Work with PCNs and GPs on identifying estate requirements (including location) to enable them to deliver the PCN services. Include utilisation reviews of existing estate where required.	See below	Identifying priorities and accessing CIL / s.106 and NHS E funding where available to mitigate the possibility of estates revenue costs not being affordable. Ensuring that STP and ETTF capital funding is released to allow development of HLCs Estates Strategy will be reviewed and refreshed during 2019/20 in line with development of council local plans and requirements/utilisation review for PCNs
		Medway	DGS and Swale	West Kent	
		Strategic Estates Plan is being refreshed in line with the 10 Year Plan and local and regional NHS priorities and the developing Medway Council Local Plan Includes:	Priority areas: -Dartford town Centre - 5 existing practices together plus clinical and wellbeing capacity -Greenhithe - 3 existing	GP Estates Strategy details priority areas to respond to premises deficiencies and growth, focused initially on 2018-19 to 2022/23. - Estimated revenue impact of strategy included in primary care budget	All new schemes are managed in line with CCG Premises Development policy. Operational management and oversight for area in place and all projects

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
		-A review of GP premises carried out in 2107-18 to determine condition and spatial deficit across GP practices -A utilisation study of Healthy Living Centres and the work required to increase usage -Community Services redesign and associated health planning work to determine spatial requirements at HLCs -Supporting the outpatients transformation strategy, shifting outpatient activity to HLCs, freeing up space at the Medway Maritime Hospital site -A review of Section 106 and a revised policy and process for securing funding -Work with Medway Council on the draft Local Plan, with an emphasis on the needs of the Peninsula.	GP practices -Ebbsfleet health and wellbeing centre -Whitehorse Health facility - merger of three GP practices -Swanley Town Centre – merger 2 GP practices into H&WB hub with space for PCN service capacity (CIL application) -Sittingbourne area - identifying future capacity -Improving utilisation Sheppey and Sittingbourne Community Hospitals Committment for CIL from Dartford BC and S.106 from Gravesend and Swale	financial forecast; updated as plans are submitted, supported and progress through CCG governance process. -Priorities and progress in 19/20 includes upgrades and extensions (some using S106 funding) to existing premises and the following new premises- -ETTF - St Andrews Medical Practice, 'Southborough Hub' approved by NHSE panel March 2019; revenue impacts supported by CCG. Build starts 2019. - Tonbridge Medical Group New premises approved. Build started March 2019. - Edenbridge Medical Practice – new premises development being progressed to replace existing community hospital and GP Premises. - Stage 1 approval in place, progress to OBC (Stage2)	managed and monitored in line with milestones and gateway plan with information for decision (ie OBC, FBC and specifically revenue impacts) being submitted through PCCC. Full review of development appraisal undertaken as part of process and value for money assessment undertaken by District Valuer.

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
		-Work on securing funding/ commencing development on three new HLCs -Ensuring estate is declared surplus and is released in line with national targets Strategic Estates Plan Q1 of 19-20. Business cases for HLC development in Chatham and Strood to be completed by Autumn 2019 with work to commence over the summer of 2019 to move development forward.		during 2019: Greensands Health Centre, Coxheath (GP Led), Greggswood and Speldhurst, Tunbridge Wells (Third Party Developer) -Phoenix Medical Centre (Third Party Developer) Other new premises development schemes are expected to be submitted by GPs, in line with the strategy, during 2019/20.	
PCN staffing to support local care	Quality and safety across the NHS depends on the capacity and capability of clinicians	Local practices are the foundation of access, prevention and the local healthcare system Primary care is therefore a key priority for ongoing workforce support and development Primary Care Workforce plan covers primary care medical, nursing and allied	The CCGs will work with the STP to ensure the workforce strategy, includes: -Workforce retention and variability incl. international GP recruitment -New models of care, so that high-quality care is delivered by a	By 31 March 2020 staff in primary care settings will have access to the support of a training hub building on existing CEPNs and capacity to participate in training programmes (e.g. e-learning resources such as those held by HEE). Plans to develop training and other workforce developments will be	

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
		health professionals There is a requirement for a robust workforce framework and strategy	competent, skilled workforce -Training to meet changing needs of practice populations -An extensive workforce development programme, including continuation of Protected Learning Time, for local practices and multi-disciplinary staff	overseen and driven from STP level.	

For more detailed information see Workforce section

POPULATION MANAGEMENT

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Population segmentation and risk stratification	Care needs to designed and commissioned in relation to the local population health needs to maximise improved health outcomes across a	Local planning during 19/20 will provide a health management approach for the whole population PCNs will also need support	The STP primary care work stream has initiated work to understand the needs of PCN, with respect to data analytics.	In the first instance, PCNs will receive their BI services from Optum. Currently 90% of practices across the STP have agreed that data from their principal clinical	

	large population	around population segmentation and risk stratification according to a national data set, complemented with local data indicators PCNs will also need to be able to assess their local population by risk of unwarranted health outcome, as well as understand, in depth, their populations' needs for symptomatic and prevention programmes	Where a valid legitimate relationship exists, a clinician will also need to be able to re-identify a patient to support direct care. Current WSP modelling starts to maximise resources for integrated working to support the most vulnerable population and to maximise prevention and self-care	systems can flow, pseudomynised, into the Optum warehouse, where it forms part of the highly valuable Kent Integrated Dataset (KID). Optum resources have been commissioned through our LPF contract	

NB: See Digital section for information on Shared Record and NHS App

GP STABILISATION AND RESILIENCE

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
GP Stabilisation and Resilience	Strong GP services are the bedrock of local healthcare but are coming under increasing pressure in a number of areas due to local estate	Ensure patients have access to primary medical services in a timely manner and close to where they live through strengthening of local GP services where	CCG Local Practice Development Plans will identify and instigate processes around practices needing intensive and immediate	Local framework in place to identify struggling practices and respond to GP resilience and development funding opportunities/applications	In the event of closure, if patients have not registered elsewhere at the beginning of the new financial year, the CCG will prompt them to

	and workforce issues Significant additional funds are required to manage situations where GP services can no longer be provided by a surgery	required and having processes in place to help practices in difficulties Support practices to increase their resilience and apply for any additional funding that may be available through GPRF or MIG Provide leadership training to enable primary care leaders to deliver change across multi-professional teams and boundaries	support to stabilise, build their resilience and become sustainable during 19/20 There is a commitment that 75% of 2019/20 sustainability and resilience funding will be spent by 31 December 2019, with 100% of the allocation spent by 31 March 2020	The CCG supported the Swale Federation to bid for GPRF. The 190k received will be used to provide support to practices registering new patients and to provide an emergency GP service in Sittingbourne until patients from a surgery that has closed have been registered elsewhere	register with the practice that they have been allocated to.
Governance		CCGs have PCCC that meet bi-monthly. Any contract changes are submitted to the committee for approval. The meetings are minuted and held on file. Part of the meetings are held in public. A finance report is presented at each meeting.	GPDP in progress as per GPFV , implementation plans for new consultation types (online consultation) in progress to meet national target. By 31 March 2020 at least two high-impact actions as set out in the GPFV will achieved by PCNs, (including Online consultations; Reception and clerical training; and Time for Care).	TIIA have already undertaken an audit of any PC procurements that have taken place and are in the process of auditing stakeholder engagement following NHSE framework. Submissions have been made to the STP PC workstream to form part of the STP Primary Care Strategy.	

MEDICINES MANAGEMENT

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigations
Meds Management		CCG teams are continuing to ensure people obtain the best possible outcomes from their medicines through: -local stakeholder engagement and -optimised use of medicines in care pathways -polypharmacy reviews, clinical audits and cost effective medicines use audits in practices - Strengthening pharmacy skills across various settings including care homes and supporting integrated patient reviews. Close working with the wider teams from primary, community and secondary care to support the development of the future pharmacy workforce in line	-Appropriate use of medicines with high anti-cholinergic burden, high potential for risk of abuse and dependence -Developing and establishing an open culture of sharing and learning to reduce risk of harm -Reducing unwarranted variation through formulary adherence, developing prescribing pathways, reducing routine prescribing of low value medicines, reducing routine prescribing of OTC medicines -Supporting Anti-microbial resistance strategy -Promoting self-care to the public in line with	Eclipse software in primary care to address medication errors and ensure accurate drug monitoring in a timely manner Strengthening the use of other digital systems to improve medication ordering, patient care upon transfer between care settings	

		with the ambitions of the 10 year plan and local workforce strategy.	NHSE and CCG guidance -Optimising gains switching from biologic treatments to biosimilar medicines.

PREVENTION AND HEALTH INEQUALITIES

HEADLINE

Effective prevention measures are key to helping to mitigate health inequalities within our populations. Targeting preventative interventions around those at higher risk of health issues is not only beneficial for the patient but also for the NHS given its limited resources. The use of the Kent Integrated Dataset (KID) to support population segmentation and risk stratification at practice; Primary Care Network; ICP and ICS levels will be powerful in terms of targeting those most in need and planning accordingly. Consistent preventative measures then need to exist at all levels of NHS and Public Health provision to reduce health inequalities by 2023-34 and 2028-29.

OVERVIEW

For 19/20, Public Health England (PHE) will operate a new operating model with STPs/ICSs across South East England. This includes direct commissioning teams working jointly to develop & support delivery of system-wide plans. PHE will deliver national priorities by embedding all primary care, public health services & work streams into developing Primary Care Networks and Integrated Care Systems and partnerships. MNWK CCGs welcome this closer partnership working across all public health functions in support of PCN development and the co-ordinated and integrated approach around commissioning intentions for 2019/20, (see appendix for Public Health KSS 'Plan on a page').

Within MNWK we recognise the diverse population we have and the inequalities that exist, within and between CCGs. It is important to be fully cognisant of population need and inequalities within a local system when planning service delivery and especially when considering prevention measures, a key step in addressing health inequalities. There is already a formal CCG PMO process to assess the impact of any proposed change on health inequalities. This will be turned around through whole system population needs modelling in each MNWK CCG, making addressing need and inequalities the reason for proposed changes not a potential consequence.

Prevention is a wide responsibility, across individuals themselves; communities; health and care practitioners in all services and workplaces. It warrants a truly system approach which is helped by the STP Prevention Programme and the bodies such as the Kent and Medway Immunisations Board, Kent and Medway Cancer Alliance and their steering groups, all of which the CCGs are core and supporting members. As well as having oversight of local programmes, the CCGs work with other Board partners to develop strategies and take action. For example, local steering groups of the Immunisation Board are looking to improve the uptake of immunisations by providing support to GPs - information, training and practice visits. The local cancer steering group in Medway plans to undertake patient engagement work around bowel cancer screening during 19/20. All CCGs are also contributing to K&M Cancer Strategy with local partners, a key aim of which will be strengthening screening in order to diagnose cancers at an earlier stage, (a key objective of the 10 Year Plan). Prevention will also be a key standing item for local ICP level Transformation Boards in MNWK.

In addition to a significant focus on smoking addiction and weight management initiatives deployed through the effective Public Health 'One You' service, MNWK's local systems are working with all sector partners to deliver NHS England Direct Commissioning Programmes, (see appendix for Public Health KSS 'Plan on a page').

For clarity, when no local system is specified in the sections below, it should be assumed the improvement/change is happening across MNWK.

IMPROVEMENT PLANS

IMMUNISATION

CCGs work with health and care partners to produce and implement a local flu action plan annually. This includes actions to support primary care to improve uptake of flu vaccinations and to increase uptake in specific eligible groups, contributing to reducing variation. In addition, the A+E Delivery Boards receive monthly updates on flu (including a vaccination uptake) during flu season.

CCGs and their partners will continue to support implementation of the flu programme with a focus on:

- Supporting improvement in uptake and reducing variation, and ensuring the recommended vaccines are used
- Supporting general practices to target at-risk population groups
- Having a named flu lead in place whose role is to ensure that practices have ordered sufficient vaccine and that there are mechanisms in place to monitor supply and demand

More broadly the CCGs will be supporting local practices to sustain and improve uptake and coverage of the routine childhood vaccination to achieve WHO targets for elimination and eradication of vaccine preventable diseases. Recent national initiatives have been welcome in this regard. CCGs are working with PHE and NHSE to ensure that children not registered with a GP are supported to access healthcare and immunisation. Finally, MWNK CCGs will also be looking to offer the vaccination against HPV-related diseases for all boys aged 12 and 13 from September 2019 (such as oral, throat and anal cancer).

SCREENING

For CCGs the focus will be on supporting NHS England to improve the quality and access to screening programmes in order to reduce variation between local populations, specifically the diabetic eye and cancer screening programmes. The section on 'Cancer' in this document details the work that is being undertaken to improve screening programmes and their uptake, and outlines steps to help ensure there is capacity to manage any uplift in demand, including a detailed piece of diagnostic capacity analysis. More specifically, WK CCG has supported practices to increase bowel screening uptake through a local incentive scheme and is offering learning sessions on colorectal cancer in March and July 2019.

The CCGs have robust plans with timelines in place to achieve full compliance to the CHIS National Service Specification and to achieve more consistent and robust child health records. In many of the initiatives throughout the operating plan, there is recognition that early identification in illness has clear resultant benefits to prognosis and recovery. The Major Illness section in this document highlights four conditions (Diabetes and CVDs) where earlier preventative measures are planned.

CONTINUING HEALTH CARE (CHC)

The CCGs are working towards the national target of only 15 per cent of CHC referrals being completed within the acute trust. To enable this to happen, West Kent CCG is using an integrated approach with the creation of the home first pathway teams through the community and acute trusts. Teams are able support discharge and maximise a patient's care either in their home setting, or within a care home, before undertaking an assessment using the Decision Support Tool (DST) for patients with complex needs. This will enable the assessment to take place outside the acute trust. The DG&S CCG system is currently looking at the use of acute beds within the nursing home sector to better use this resource to support the reduction in DSTs completed within the acute setting. Medway and Swale CCGs work closely with their partnership commissioning teams (between the CCG and Local Authority) to support 'supported discharge' and the reduction of DSTs within the acute setting.

The CCGs are aiming to ensure that 100 per cent of all DST assessments, to assess for eligibility of continuing healthcare funding, will take place within the required 28 days. This will help ensure there are no referrals breaching 28 days by Q4 2019/20 as well as ensuring there are no referrals breaching 28 days by more than 12 weeks in

each quarter in the same timeframe. Work is ongoing to ensure that fast track applications remain appropriate and decisions are made within 48 hours. Issues remain around sourcing placements and care home packages which individuals and their carers/families are happy with and this can sometimes create delays.

MNWK CCGs continue to develop plans to incorporate Continuing Healthcare strategic improvement programme opportunities into QIPP for 2019/20. This will be achieved through continued standardisation of processes between the NEL CSU and the SAPT team, adopting best practices and exploring further the implementation of digital solutions maximising the use of CHC SIP tools and using the CHAT assurance tools, whilst progressing the case to create one combined team across the Kent and Medway STP geography. There is a process in place to ensure all CHC QIPP plans are signed off by the Chief Nurse at the CCG. Detailed QIPP plans, outlining how the financial efficiencies will be achieved, will be available by the end of quarter 1 and achievement against these plans reviewed on a quarterly basis.

PERSONAL HEALTH BUDGETS

Currently in MNWK CCGs PHBs are offered to people who are eligible for NHS Continuing Healthcare (CHC), Children's Continuing Care, Mental Health and LD individual packages of care, and joint funded care for both adults and children. For 19/20 the NHS operating guidance requires CCGs, from 1st April 2019, to ensure that the default option for the provision of domiciliary care is its delivery via a PHB for all people eligible for NHS CHC, unless the patient refuses.

Currently, within the MNWK CCGs, different models exist for the delivery of PHBs for NHS CHC. West Kent CCG commissions NELCSU to accept referrals, develop support plans with the clinicians within the budget allocated and to undertake follow up reviews and audits of accounts. The financial payments are made by Kent County Council under a separate Section 75 agreement. For the 3 North Kent CCGs an in house PHB service is provided by the Specialist Assessment & Placement Team (SAPT), who deliver support planning; review, audit and work with the patient and/or family to develop their skills to ensure they are responsible employers. Financial payments are made by Medway Council for Medway CCG and are done in-house for DG&S and Swale CCGs. Both the CSU and SAPT are developing processes and policies for the delivery of the default PHB option for CHC.

All 4 CCGs are considering expanding the PHB offer into other services including long term conditions, continence services, therapy services, wheelchair services in order to achieve NHSE targets for the provision of PHBs. Any expansion will require contracts to be adjusted to facilitate the change in service delivery. All CCGs are looking at the resources required to deliver the national 'must do' for domiciliary CHC as well as expanding the PHB offer. The 4 CCGs are also considering the future model of PHB delivery across all Kent & Medway CCGs to ensure both consistency as well as the best value for money.

NHS England has indicated that it will also be delivering a local bespoke training session to increase confidence of staff in 19/20.

SOCIAL PRESCRIBING

Social prescribing is a key development for the Medway, North and West Kent CCGs during 19/20. Its aim is to support GP practices to manage patient demand by enabling less complex patients to receive an effective care plan to help them remain well and independent.

In West Kent, to initiate the use of social prescribing, 5 practices are embarking on an 'Involve' project pilot including the capture of key measurements. Patient histories are regularly produced and reviewed and an Esther café has been implemented to support patients and community teams. A high level of performance management around the referrals will guide the pilot's roll out and assess the potential impact on reducing inequalities. Regular MDT meeting with 'One you' officers and care navigators should mitigate any potential for patients receiving duplication in service.

Monthly pilot review meetings should also ensure the new service is receiving referrals. Five social prescribing workers are supporting MDTs and the IDT at the acute hospitals. Practice receptionists have been trained in the new service provision to assist with signposting. The current 6 dispositions will be increased to 12 from April 2019. A new scheme 'Involve Connect for Wellbeing' will have specialist staff at the selected GP practices, supported by volunteers, to assist patients to connect with groups or activities that appeal to them.

Medway' similar development will be led by Partnership Commissioning. The DG&S and Swale CCGs has approved a joint procurement of a care navigation service with KCC Social Care and this service will work closely with social prescribing services, including the Public Health 'One You' service. As they form in the coming months PCNs will need to identify how they wish to recruit new Social Prescribing workers - whether through the current CCG contracts or independently.

URGENT AND EMERGENCY CARE

HEADLINE

The 10 Year Plan further strengthens the case for redesigning urgent and emergency care services across the NHS to integrate Emergency Departments; traditional GP out-of-hours services; urgent treatment centres; NHS111 and ambulance services. The focus is to integrate services around the patient, with providers collaborating to deliver high quality clinical assessment, advice and treatment. Providers should also work together using shared standards and processes, with clear accountability and leadership. These important steps will help systems recover the Emergency Department 4 hour performance target for those in need of emergency care.

OVERVIEW

Akin to other hospitals across the country, MNWK hospital trusts struggle to meet the Emergency Department 4 hour performance target despite some notable improvements in recent months, largely through changes to managing urgent and emergency care demand. MNWK local systems will continue with such changes during 19/20, as detailed in this section and the Primary and Local Care section, and plan to achieve the activity and performance trajectories in the table below.

The existing NHS Constitution standards remain in force until new clinical standards for urgent and emergency care are set out in the Clinical Standards Review, to be implemented from October 2019. These will be published in spring 2019 and tested in the first half of the year. If the urgent and emergency care standards are changed in the publication of the Clinical Standards then the existing improvement programmes will review the impact of the new standards and assess whether the current improvement programmes need to be refocused to meet new expectations and timelines. This applies to all areas impacted by this review.

All local systems are planning on recording 100% of patient activity in ED, UTCs and SDEC via ECDS by March 2020. All ED departments will be reporting daily into ECDS from April 2019 and will provide their SDEC activity via the same core dataset during the following year.

PERFORMANCE

ED Performance 18/19 & 19/20 Trajectories by Hospital Trust

		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
DGT	Performance 18/19	88.9%	87.2%	89.1%	86.4%	84.4%	85.7%	85.4%	82.7%	78.4%	85.5%	85.0%	-
	Performance 19/20	90.2%	90.4%	90.5%	90.1%	88.2%	88.4%	90.4%	89.1%	86.2%	85.1%	88.2%	91.0%
	More than 4 Hours	1,079	1,139	1,101	1,195	1,315	1,323	1,143	1,274	1,627	1,730	1,281	1,112
	Total activity	11,015	11,869	11,591	12,070	11,142	11,409	11,907	11,694	11,794	11,611	10,858	12,353

MFT	Performance 18/19	71.2%	74.5%	74.2%	73.8%	71.9%	80.5%	77.3%	77.8%	74.5%	74.8%	74.0%	-
	Performance 19/20	79.7%	83.1%	87.8%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
	More than 4 Hours	1,768	1,839	1,849	1,678	1,515	1,525	1,498	1,475	1,552	1,466	1,353	1,540
	Total activity	10,104	10,646	10,309	11,017	10,039	10,247	10,136	10,036	10,631	10,049	9,067	10,609
MTW	Performance 18/19	91.6%	90.7%	92.7%	91.5%	89.9%	92.5%	88.7%	89.1%	87.5%	88.5%	86.5%	-
	Performance 19/20	91.3%	93.3%	94.3%	93.3%	94.1%	92.7%	92.3%	92.2%	88.0%	88.0%	89.4%	90.6%
	More than 4 Hours	1,401	1,142	977	1,177	980	1,222	1,262	1,209	1,907	1,857	1,585	1,591
	Total activity	16,030	17,087	17,046	17,552	16,487	16,739	16,337	15,424	15,881	15,480	14,973	16,847

The Urgent and Emergency Care developments to improve performance during 19/20 are set out below. These will strengthen and integrate urgent and emergency care services. Many work hand in hand with Primary and Local Care improvements aimed at strengthening community based urgent care response services.

- Re-procuring NHS111 Service with Clinical Assessment Service
- Urgent Treatment Centres with consistent service provision meeting national standards
- Effective management of high intensity users
- Better care for those with serious illness or those in need of 'Same Day Emergency Care'
- Continued efforts to deliver '7 Day Services' and reduce Length of Stay and Delayed Transfers of Care for those admitted to hospitals
- Steps to strengthen the Ambulance Service in order to improve performance (Ambulance Response Programme)

For clarity, when no local system is specified it should be assumed the improvement/change is happening across MNWK.

NHS111 AND CLINICAL ASSESSMENT SERVICE (CAS)

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
	Kent Wide				
NHS111 and Clinical Assessment Service (CAS)	To manage more patients' needs via the NHS111 services through increasing advice that is appropriate, evidence based with input from clinicians	NHS111 service will be enhanced by increasing clinical consultation for patients calling NHS111 helping to further ensure only those appropriate attend ED or use the ambulance service Maintain a 50%+ proportion of NHS calls receiving clinical assessment	NHS111 and CAS will have a senior responsible GP available 24/7 with additional GPs and other specialist clinicians, such as advanced practitioners, paramedics, pharmacists, nurses and palliative care, according to demand NHS111Direct booking into GP practices & UTCs, to achieve more than 40% of those triaged by NHS111 being booked into face to face appointment by 31st March 2020 (technology dependent)	K&M & Sussex CCGs agreed to jointly procure new NHS 111 service and CAS service which will commence on 1st April 2020. Prior to the new service, the interim MNWK contract requires the current provider to work towards implementing elements of the CAS in year including 50%+ proportion of NHS calls receiving clinical assessment (currently 45%) It is also hoped NHS111 direct booking into GP practices, and where applicable UTCs, or referral to community pharmacists can be made available from April 2019	It is vital an accurate service directory is maintained and used effectively. A network of NHS DoS Champions across the MNWK footprint will undertake regular reviews (maintain reduction in ED by default selections on DoS to less than 1% through to Mar 2020). The provider will be responsible for the submission of the Integrated Urgent Care Aggregated Data Collection; submission of provider KPIs to NHSE & acting as clinical lead for IUCS clinical governance

URGENT TREATMENT CENTRES

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
Urgent Treatment Centres (UTCs)	Kent Wide				
	Patients need to be seen and treated in a timely fashion in the appropriate setting	UTCs will allow A&E departments to ensure they are able to concentrate on the more serious cases	See below for progress to UTCs	Key standards for UTCs include the ability to book appointments directly from NHS111, having a multi-disciplinary team with access to patient records and diagnostics, and being open at least 12 hours a day	Risks associated with interoperability and speed of decision making when public consultation is required
	West Kent				
		Work towards achieving UTC standards in existing facilities	For 18 months, OOH bases have been co-located in the two ED Depts for 18 hours / day to ensure appropriate filtering and streaming of patients. CCG also now commissions a Primary Care stream at the front door of ED.	Full UTC criteria will be met by April 2020 when interoperability will be achieved through NHS111 and CAS Procurement across Kent West Kent developing urgent care prime provider model to establish a local strategic and clinical lead provider, planned for 2020	
	DGS				
		Existing arrangements - Both DG&S urgent care walk-in services (i.e. Minor Injuries Unit at Gravesham	The CCG will be embarking on a full public consultation regarding the potential	It is planned for UTC to be in place at the agreed site by 1st July 2020. The current primary care streaming service	

		Community Hospital and the Walk-in Centre at Fleet Health Campus) are open 12 hours per day. The WIC service is delivered by GPs and ANPs. The MIU service is nurse led	siting of the future UTC. Two options are under consideration (i) Gravesham Community Hospital, (ii) co-located service with Darent Valley Hospital ED	operating at DVH ED meets many of the required 27 standards for UTCs with the key exceptions involving technology and direct booking.
	Swale			
		Existing arrangements - All Swale urgent care walk-in services (i.e. Minor Injuries Units at Sheppey Community and Sittingbourne Memorial Hospitals, and the walk-in Centre at Sheppey Community Hospital) are open 12 hours per day	Further developments around UTC will not be confirmed until further work is completed regarding clinical model for Swale. It is hoped that UTC(s) will be in place by the end of Q1 2020.	WICs are supported by a mobile unit (nurse delivered, operates less than 12 hours/day) and reduced weekend service. GP led and delivered mainly by GPs with some nurse involvement. MIU services are nurse led and delivered.
	Medway			
		Existing arrangements - Urgent Treatment Centre at Medway Hospital and around 40% of patients self-presenting at the hospital are able to see a primary care practitioner in the UTC	The current walk in centre in Gillingham will move to Medway hospital to combine with the UTC increasing the capacity and resilience of this service	Further refinements to the UTC will be completed by early summer 2019, including facilities for patients with mental health problems to be assessed.

HIGH INTENSITY USERS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
High Intensity Users	To review people that are using the urgent care system regularly to identify more appropriate interventions that will reduce the need for them to attend	Through case management look to improve patient outcomes and reduce unnecessary activity around high intensity users	Continue to invest in care co-ordinators to support the MDT / GP localities to identify patients and to co-ordinate the actions / care planning	Specifically in West Kent CCG, a frequent user manager was commissioned in Feb17 and due to success recently appointed support worker to identify further patients In addition the Health Foundation has been secured to support a pilot of a paediatric frequent service user manager.	

SERIOUS ILLNESS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks
Focus on Serious Illness	Pressurised EDs can reduce the amount of resource available for	Continue to drive developments at the front door aiming to minimise	Enhanced GP streaming has been in place for many months now across	The front door model described delivers the change required to support	

	those in most serious need	inappropriate attendances, e.g. Front Door streaming models look to reduce pressure and enable EDs to focus on the high acuity patients	the footprint and the acute trusts continue enhance the skills of Rapid Assessment clinicians who undertake additional observations to ensure patients with less serious presentations can be safely redirected to alterative care settings	the hospitals' major ED departments, allowing staff to focus resources on those with serious illnesses. Further work to include the streaming of patients with mental health conditions and paediatric presentations is planned for 19/20	

SAME DAY EMERGENCY CARE

Focus Area	Case for Change	Improvement Objectives	Action Plan/Standards	Key dates/Trajectories Compliance/Progress	Risks
	To reduce the amount of time any individual spends in an acute setting to the safest minimum to prevent further deterioration of the physical and mental health and ensuring their ongoing care maximises their potential recovery	Same Day Emergency Care is currently provided by the following services in the Medway, North and West Kent. The local systems are focused on working towards standards as quickly as possible, currently prohibited by staffing challenges:	SDEC services at least 12 hours a day, 7 days a week and providing: -Acute frailty service for at least 70 hours a week -Clinical frailty assessment within 30 minutes of arrival	As below	Extension of services dependent on recruitment of Geriatricians and other key clinicians
	Maidstone Hospital	**Tunbridge Wells Hospital**	**Darent Valley Hospital**	**Medway Hospital**	

	Acute Emergency Centre Monday to Friday 9am-7pm **Frailty Service** 9am-3pm for 5 days a week aiming for 9am-5pm with more robust staffing during Q2 19/20 Unlikely to achieve 70 hours per week until March 2020 (dependent on staffing) Clinical frailty assessment Q3 2019/20 (dependent on staffing)	**Acute Emergency Centre** Monday to Friday 9am-5pm **Frailty Service** 9am-3pm for 5 days a week aiming for 9am-5pm with more robust staffing during Q2 19/20 Unlikely to achieve 70 hours per week until March 2020 (dependent on staffing) Clinical frailty assessment Q3 2019/20 (dependent on staffing)	**Acute Emergency** 8-10pm Monday to Friday and 8-6pm Sat & Sundays **Frailty Service** In-reaching frailty service 9-5 Monday to Friday that assesses those to be admitted. Plan to introduce Clinical frailty assessment within ED in time for winter 19	**Acute Ambulatory centre** 7DS 10am – 8pm **Assessment units 24/7** Gynae, medical, surgical paediatrics **Frailty Service** Plans to open Frailty assessment unit in 2019/20 Currently Frailty front door model 7 days per week 12 hrs per day with nursing, therapies, IDT and consultant cover Clinical frailty assessment Q3 2019/20 (dependent on staffing)	

SEVEN DAY ACUTE SERVICES

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks
7DS	The CCGs with Trust colleagues continue to	Comply with four core standards with support of	Agreeing exception pathways will now	**MTW** has already confirmed compliance (or	

	implement the 7DS action plans following national guidance to provide a consistent level of urgent and emergency care throughout the week	partner organisations. Participate in7DS events with representatives from NHS-E & I. Non compliant Directorates are reviewed at the event and service models for non-compliant services are presented, together with the current position in respect of job planned compatibility with standards.	become a main focus of future work with NHSE and the CCGs. 7DS Steering Groups will continue to review the compliance status of each Directorate through a quarterly review process, including representatives from NHSE and the CCG.	exemption) for Paediatrics, Critical Care, Ophthalmology and Haem/Oncology **DGT** is achieving two of the four standards (5&6) Reports progress against the four priority standards to Trust Board as well as the impact on mortality, length of stay and patient experience. **MFT** is compliant in three of the four standards (5, 6 & 8), with increase in compliance in standard 2 observed in last audit. The Trust is confident the weekend service is safe and is developing a refreshed 19/20 improvement plan	

REDUCING DTOC AND LOS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks
Reducing DTOC and LOS	To reduce the amount of	Despite Medway having	-Individual wards	A home care bridging	

– Medway and Swale	time any individual spends in an acute setting to the safest minimum to prevent further deterioration of the physical and mental health and ensuring their ongoing care maximises their potential recovery (this is the same for all CCGs) The discharge of patients from hospital should be facilitated when an alternative service could better meet patients' needs	one of the lowest rates of Delayed Transfers of Care in the country, there is a continued system focus across MNWK to review and enhance the discharge process Need significant reduction in waiting times for new care packages to facilitate discharge & improve patient flow To be driven by the Partnership Commissioning team utilising the Better Care Fund	responsibilities for patient discharges, short and long stays -Focused meetings x3 a day, led by acute trust, to solve blockages -Acute medical unit 24 hours a day, 7 days -Reconfigured integrated discharge team, monitored through x2 weekly executive level and MDT teleconferences -Daily multi-agency reviews of the medically fit- for-discharge and complex patients are in place. - Implementation of discharge to assess for CHC patients	service was successfully piloted in Q4 18/19 including at the most difficult periods such as school holidays
Reducing DTOC and LOS – West Kent	To reduce the amount of time any individual spends in an acute setting to the safest minimum to prevent further deterioration of the physical and mental health and ensuring their	The West Kent health and social care system work in partnership to reduce the DTOC rate overseen by the Local ED Delivery Board ('LAEDB'). There is also super stranded (+21 days) reduction plan reviewed	Home First pulls together a range of separate clinical and social services. Once medically fit for discharge a patient is assessed for their suitability for Pathway 1, 2 and 3 through a Single	The no. of patients delayed across has reduced significantly in 18/19, DToC of 3.2% Dec 18. The lowest percentage since Apr14 and 0.3% below the target rate of ≤ 3.5%.

	ongoing care maximises their potential recovery (this is the same for all CCGs) The discharge of patients from hospital should be facilitated when an alternative service could better meet patients' needs	weekly and owned by LAEDB. Aiming to meet NHS-E goal of reducing the proportion of beds occupied by long stay patients by 40% compared with the 17/18 baseline by quarter 1 2019 (agreeing targets for reduction in 7-day or 14-day or more lengths of stay in 2019/20)	Point of Access Most effective changes to date: -Managing LOS using tools such as CUR -AEC (ambulatory emergency care) -Hospital at Home, working with KCHFT -MTW implementation of a virtual ward	Non-Elective LOS was 6.82 days in Dec 18 and 6.91 YTD vs 7.41in 17/18. Increase in no. of patients accessing Pathway 1 from 42 to 60, with 'Discharge to Assess' in place to receive patients 7 days a week & Care Homes able to receive residents 7 days a week up to 5pm (new clients) and 8pm (returning clients)	
Reducing DTOC and LOS – DGS	To reduce the amount of time any individual spends in an acute setting to the safest minimum to prevent further deterioration of the physical and mental health and ensuring their ongoing care maximises their potential recovery (this is the same for all CCGs) The discharge of patients from hospital should be facilitated when an alternative service could better meet patients' needs	DGT are focusing on reducing length of stay in 19/20. Aiming to move the Trust towards top quartile length of stay when benchmarked against peers The Integrated Discharge Team already supports the management of complex discharges, facilitating patients to receive the right care in the right place	DTOC being mitigated through: -Daily capacity meetings attended by KCC -Daily review of medically fit list by Integrated Discharge Team (IDT) and huddle with social care -Health and Housing co-ordinator working as part of IDT -Complex Case/IDT team support to wards with family meetings; application of patient	Use of red/green days to reduce 7+ and 21+ day patients The Hospital at Home team is a MDT operating a virtual ward offering a range of medical care such as e.g., oxygen therapy, nebuliser therapy, inhaler therapy, intravenous antibiotics, bloods and INR monitoring, physiotherapy, occupational therapy, social care bridging or general monitoring of conditions.	-Escalation of issues is through the monthly Urgent Care Operational Group, chaired by DGT Director of Operations (attended by Virgin, KCC, DGT IDT General Manager) and then through the monthly A&E Delivery Board chaired by DGT CEO supported by Director of Operations.

		choice & attend the daily board rounds -Weekly MDT chaired by IDT GM and attended by Social Care, Virgin and CCG

AMBULANCE SERVICE

The ambulance service remains a cornerstone of the emergency response to patients and while is it responding reasonably well for the most critically patients, many of those with less immediate needs are not receiving a timely response.

Kent CCGs are part of the South East England Collaborative Commissioning arrangement for SECAmb. The contract is led by North West Surrey CCG, with Swale CCG the lead associate for Kent and Medway CCGs.

CCGs across the south east in conjunction with the ambulance service have jointly agreed an analysis of demand and capacity which identified the increase required to ensure all patients are responded to within the timescales set out in the national standards. CCGs have therefore agreed a significant investment in line with this analysis to ensure the delivery of all the Ambulance Response Programme (ARP) standards.

The additional investment made by commissioners will enable SECAmb to:

- Significantly increase the number of front-line ambulance staff on the road and in its Emergency Operations Centres (EOCs)
- Meet longer journey times with the closure of medical admissions to Kent and Canterbury Hospitals in 2017-18.
- Ensure it has the right number of staff, with the right skills, to meet the changing needs of its patient
- Improve its fleet, to ensure the Trust has the right number and type of vehicles available to respond to all categories of calls.
- To deliver during Quarter 1 2019/20 compliance with ARP standards (to be sustained in accordance with set assumptions within the Demand & Capacity Review)
- By 31st March 2021, to ensure that 95% call answer target is met and that 10% of calls are dealt with as Hear and Treat

A new Telephony System is now in place and SECAmb are able to view in more detail, the timeframe of 999 calls answered in seconds. The platform facilitates a mean presentation time of 1 second. Further work is needed to continue improvement to meet 95% call answer as additional EMAs and hours become available.

We will work with SECAmb to engage with other system partners, e.g. primary care. Joining up the successful service changes and securing the wider system work is necessary to fully embed and sustain improvements. For example, Paramedic Practitioners (PP's) rotate through primary and urgent care unlocking urgent care skills in a primary care setting and primary care skills in an urgent care setting.

Following the CQC inspection in July 2018, SECAmb continues to be in Special Measures for Quality. The trust's rating improved to requires improvement with a good rating for caring and one 'must do' action and 13 'should do' actions. Commissioners will continue to support SECAmb to deliver the improvements needed.

The improvements in local care, the development of UTCs, alternative pathways for patients and the access to patient care records and plans will ensure a reduction in unnecessary conveyances to ED departments. Trajectories for these reductions will be agreed with SECAmb.

With the patient's consent, the ambulance service across West Kent can access to the Care Plan Management System which includes both care plans and records from a range of providers who have been involved in the patient's care. This system will be extended across DG&S, Medway and Swale CCGs in Q1 19/20. Along with the roll out of access to patient records, SECAmb are increasing the use of the Patient Demographic Service and the NHS Number lookup is now available in the EOC.

EDs have developed local plans to ensure the 15 minute handover is met. These plans will continue to be refined to ensure that no patient handover takes more than 15 minutes and that there is zero tolerance to ambulance waits in excess of 30 minutes. These handover plans are overseen by the Local ED Delivery Boards.

PLANNED CARE

HEADLINE

It has been another challenging year across all systems ensuring waiting times remain within acceptable levels given non elective pressures. All MNWK systems have plans in place to ensure providers deliver waiting lists at the March 2018 level, and that all providers will reduce their waiting list during 2019/20. In addition plans are in place to help ensure that patients do not wait more than 52 weeks for their treatment, and no more than 1% of patients wait six weeks or more for a diagnostic test. Where possible performance will be increased beyond these levels to improve the patient experience.

OVERVIEW

A significant amount of time has been taken this year by local CCG systems to understand predicted demand on services, maximum capacity levels (with efficiencies and possible outsourcing) and funding available given national spending priorities for 19/20. The result of this work can be seen in the performance trajectories referenced below. Providers have assumed the need to reduce elective admissions as part of winter planning and will make use of alternative elective facilities to try to protect elective capacity throughout the year, (e.g. independent sector, Planned Care Centre at QMH).

PERFORMANCE

RTT Performance 18/19 & 19/20 Trajectories by Hospital Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DGT	Performance 18/19	92.4%	92.6%	92.1%	92.1%	91.4%	91.3%	92.0%	92.1%	92.0%	92.0%		
	Performance 19/20	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
	Total incomplete	14,337	14,379	14,426	14,231	14,707	14,179	13,826	13,490	12,925	13,342	13,585	13,856
	Within 18 Weeks	13,191	13,230	13,273	13,094	13,532	13,046	12,721	12,413	11,892	12,276	12,500	12,749
MFT	Performance 18/19	81.2%	82.4%	81.7%	82.5%	82.6%	81.8%	82.6%	82.6%	81.0%	80.8%		
	Performance 19/20	82.9%	85.0%	85.7%	86.8%	87.7%	87.8%	89.3%	89.4%	87.4%	85.7%	86.1%	86.0%
	Total incomplete	20,252	19,794	19,149	19,055	19,153	19,463	19,658	19,811	19,603	19,353	19,515	19,910
	Within 18 Weeks	16,780	16,820	16,415	16,532	16,791	17,082	17,552	17,720	17,128	16,593	16,804	17,123

MTW	Performance 18/19	79.4%	80.0%	79.1%	80.4%	79.4%	79.7%	80.7%	81.0%	81.6%	81.1%		
	Performance 19/20	83.5%	84.2%	84.0%	82.6%	83.9%	83.9%	86.4%	85.6%	84.0%	86.3%	87.0%	86.7%
	Total incomplete	29,152	28,932	28,908	29,273	28,433	28,261	25,964	25,959	26,446	25,094	24,398	23,980
	Within 18 Weeks	24,346	24,354	24,286	24,184	23,857	23,718	22,428	22,219	22,204	21,647	21,222	20,794

52 Week Performance 18/19 & 19/20 Trajectories by Hospital Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DGT	Total Waiting 52+ 18/19	0	0	0	0	0	0	0	0	0	0		
	Total Waiting 52+ 19/20	0	0	0	0	0	0	0	0	0	0	0	0
MFT	Total Waiting 52+ 18/19	1	1	0	2	12	11	12	9	13	20		
	Total Waiting 52+ w 19/20	27	6	4	2	0	0	0	0	0	0	0	0
MTW	Total Waiting 52+ 18/19	3	2	22	8	5	9	9	13	10	8		
	Total Waiting 52+ 19/20	0	0	0	0	0	0	0	0	0	0	0	0

Whilst DGT has a sustainable RTT position meeting the national 92% target, action is planned at MTW and MFT to improve current performance, both targeting 86% compliance. In MFT this will largely be achieved through pathway validation checks, additional targeted activity and outpatient and theatre efficiencies, each contributing a 2-3% improvement against the target.

In MTW the same actions will be taken with a greater focus on increasing targeted activity. Target performance will also be improved between 1-2% through MTW entering into a new commissioning and contracting arrangement for planned care with West Kent CCG, featuring a prime provider model with effect from the beginning of the planning year. All planned care referrals will be routed into the Trust and patients, pathways and waiting and treatment times will be managed by the hospital. The prime provider model requires the Trust to establish robust subcontracts with other local providers.

The Referral To Treatment and waiting list plans, plus patient flow programmes, should avoid breaching the 52 weeks standard for referral to treatment. The trajectories for the three hospital trusts can be seen above. Breaches at the beginning of the year at MFT are resulting from a specific specialty issue and a targeted programme of work will address under performance against target by the end of July.

If necessary, funds will be allocated in year to ensure no further patients will be waiting more than 52 weeks for treatment. The CCGs will also work with providers to ensure anyone waiting six months or longer will be contacted by the provider on whose waiting list they appear and given the option of faster treatment by an alternative provider, many of whom can be found in Kent's independent sector. This supports the approach of providing wider patient choice where necessary to achieve more timely elective care.

Diagnostics Performance 18/19 & 19/20 Trajectories by Hospital Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DGT	18/19 Performance	0.5%	1.0%	0.6%	0.6%	0.9%	0.9%	0.7%	0.6%	0.6%	1.0%		
	19/20 Performance	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Total												
	6 Weeks +												
MFT	18/19 Performance	3.9%	7.1%	8.1%	7.7%	1.8%	0.8%	0.5%	1.2%	2.6%	3.1%		
	19/20 Performance	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%

	Total	5,724	6,154	5,804	5,722	4,780	4,590	4,312	5,179	5,571	6,019	4,224	4,806
	6 Weeks +	57	62	58	57	48	46	43	52	56	60	42	46
MTW	18/19 Performance	0.8%	0.6%	0.6%	0.3%	0.4%	0.6%	0.5%	0.6%	0.9%	0.9%		
	19/20 Performance	0.9%	0.8%	0.7%	0.7%	0.8%	0.8%	0.7%	0.8%	1.0%	0.8%	0.7%	0.7%
	Total	6,235	6,491	6,381	6,454	5,828	6,308	6,534	6,449	5,679	5,689	6,524	6,994
	6 Weeks +	56	49	46	44	46	48	44	52	56	47	44	50

All CCGs are also working with local system partners to plan activity and review pathways to ensure no more than 1% of patients wait six weeks or more for a diagnostic test. DGT and MTW plan to continue meeting this target in 19/20, both recognising challenges around endoscopy and cancer screening. MFT will improve their performance to meet the 1% target in 19/20. In support of this delivery plan, modality level cases for investment are being developed for Plain Film, which includes community based mobile provision (Healthy Living Centres), Endoscopy and Computerised Tomography.

Please see tables below for more detail on plans to support and improve operational performance, including steps to transform outpatient services and provide more first contact practitioners.

All CCGs are working with Hospital Eye Services to carry out high intensity audits as part of the Transformation Assurance programme and in support of Get it Right First Time (GIRFT) activities. Part of this approach is to ensure failsafe prioritisation processes; to enforce policies to manage the risk of harm to ophthalmology patients waiting for care and to act promptly on the outcomes local eye health capacity reviews. Failsafe officers have been recruited to support audits and mitigate risk.

Throughout GP practices in MNWK, the national ERS has been adopted as 'business as usual' and provides GPs and patients with real-time capacity information to enable them to make an informed decisions about where to be treated. . Further work is planned with Trusts to ensure that the use of Capacity Alerts is fully implemented and embedded as per guidance. This helps to provide not only more timely treatment but also helps to maximise capacity in the system, shifting demand to available resources and easing services under pressure. Throughout the year, CCGs will engage closely with relevant providers, to monitor the cause of any breaches and put actions in place to avoid them during 19/20.

For clarity, when no local system is specified in the tables below it should be assumed the improvement/change is happening across MNWK.

IMPROVEMENT PLANS

OUTPATIENTS TRANSFORMATION

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
Outpatients Transformation	All CCGs Outpatient Transformation Programmes are in line with 10YP (avoid up to a third of face-2-face outpatient visits within 5 yrs) All CCGs integrated approach with system partners to ensure patients no longer attend unnecessary appointments, increasing capacity and reducing wait times CCGs using all available tools (RightCare, speciality handbooks, GIRFT findings, end to end pathway reviews, including diagnostics, proformas and evidence	Programmes will be underpinned by clinicians and admin teams from primary, secondary and community organisations, as well as patients, and will look to use digital and innovative approaches to manage patients seamlessly from primary care, through to secondary care then back to primary care for their acute and ongoing long term management The programmes will embrace technologies to support self-management and remote monitoring, releasing clinical time and improving patient experience	-Non-face-to-face interactions in outpatients (e.g. virtual clinics, telephone clinics, nurse led clinics) -Moving services from a secondary to primary/ community services -'One stop' model (including diagnostics during hospital visit) -'Straight to surgery, to diagnostics or specialist multidisciplinary team" -Patient's ability to self-refer for specific and limited specialties such as Breast lumps -Improved access to specialist advice and	CCGs already working with system partners to undertake more immediate changes, such as those to reduce cancellations and non-attendance at appointments; to move care delivery to the local community through the use of digital technologies where appropriate; to introduce patient-initiated follow ups for chronic conditions and to identify patients who frequently attend the hospital Many of the OP projects are envisaged to be implemented during Q2 and Q3 of 2019-20 In West Kent in Q1 17/18, approximately 55% of patients were discharged by the Virtual Fracture Clinic post review.	Significant change programme and robust patient and engagement around required improvements and delivery steps The national outpatient improvement dashboard will maintain focus and target opportunities, e.g. reductions in cancellations and non-attendance at appointments by potentially improving processes and usage of digital booking options Focus on workforce productivity to minimise additional staffing requirements

	based protocols etc) as basis for working with clinicians to shape future services and remove unwarranted variation for patients		support for appropriate referrals, e.g. Kinesis, Consultant Connect. -Improved access to information about local service provision -Improving clinic utilisation when below Model Hospital peers	In Apr - Jul '18 1458 requests (Conferrals) made in WK of which only 457 (34%) patients went on to require an outpatient appointment	

FIRST CONTACT PRACTITIONERS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
First Contact Practitioners	Undertake initial assessment and devise, review and complete appropriate treatment management programme	West Kent, as the K&M pilot site for FCPs, will continue to embed First Contact Practitioner (FCP) services and participate in the national evaluation process. DG&S and Swale CCGs, not being one of the agreed pilot sites for the implementation of FCPs, will monitor the outcomes from the pilot	Plans will look to roll out FCP services more widely where opportunities are identified and to ensure patients have direct access to MSK First Contact Practitioners. Medway - The MSK First Contact Practitioners will be based in the locality Healthy Living Centres	WK service successfully launched on 1 Dec18 across Maidstone Cluster practices, and the outcome was positive with high satisfaction feedback from the Cluster Practice staff and patients. Positive feedback from patients on speed of access to MSK treatment. Second and Third Clusters due to go live in February 2019. Malling Cluster FCP project	

		In Medway, plans are already underway to ensure local delivery. If GPs opt out of the revised contracts the patients will still have access to MSK First Contact Practitioners within their locality.	went live 1 Feb19 while Sevenoaks cluster started offering FCP appointments in 3 Practices with a view of full implementation across the cluster by the end of February 2019 (WK)

MAJOR HEALTH CONDITIONS

HEADLINE

Despite life expectancy improving more people are living with cancer or dementia largely due to increases in life expectancy and falls in the rate of premature death. Longer-term health conditions such as COPD and Diabetes are also making an increasing contribution to the overall burden of disease. The latest Global Burden of Disease study shows that the top five causes of premature death for the people of England remain: heart disease and stroke, cancer, respiratory conditions, dementias and self-harm. In addition, RightCare data, GIRFT reports and other external reviews are indicating an improvement opportunity in MNWK's services for those with, or at risk from, major health conditions.

OVERVIEW

In addition to guidance in the 10 yr Plan, the MNWK CCGs are using all available tools such as RightCare data packs, elective care speciality handbooks, GIRFT reports and external reviews, e.g. Four Eyes and ECIP, to prioritise areas for focused improvement during 19/20. The information in these data packs is also helping to prioritise improvement areas with clinicians based on evidenced need.

Four specialties of particular focus for 19/20 are Cardiology, Respiratory, Stroke and Diabetes.

Improving these services is also a key feature in the 10 Year Plan. For Cardiology, the immediate focus is to strengthen community first response and build defibrillator networks to improve survival from out of hospital cardiac arrests. The MNWK CCGs will work closely with the local ambulance service to increase community first responders and increase the allocation of defibrillators across the local community as part of the Blue Light Collaborative (the local Fire Service also respond to Category 1 calls for cardiac and peri- arrest).

For Cardiology, Respiratory and Diabetes the consistent themes are to provide integrated care models (primary, community and secondary care) which are more proactive rather than reactive in managing patients. Medway's local system has a higher than average level of preventable cardiology deaths. Identifying those at risk and treating them early will help avoid harm and, for some, death.

Stroke is covered below as a result of the reconfiguration of Stroke services across Kent and Medway next year and what this is means for local system planning as well as as Kent wide planning.

Improvements in other specialties will also take place during 19/20. In DGS for example, opportunities to address variation and improve care are thought to also exist in gastroenterology and urology.

The tables below outline the reasons for the changes identified and the steps to make them, as well as any recent success. For clarity, when no local system is specified it should be assumed the improvement/change is happening across MNWK.

IMPROVEMENT PLANS

CARDIOLOGY

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
	Medway & Swale				
Cardiology	-Higher than national average for preventable deaths (greatest contributory factor to	-Focus on ensuring patients are looked after by the most appropriate service, helping to ensure Acute services are	-Enhanced referral guidance and community based diagnostics	-Recover RTT performance and within year start to see a reduction in preventable deaths in cardiology through	

	life expectancy gap) -NEL admission rates and costs are higher than average -Majority of Outpatient appointments result in no action	available for those needing them -Providing more proactive care in the community to maintain health and avoid hospital attendance	-Ongoing care in community, only moving to Acute care when required	enhanced care management	
	West Kent				
	Cardiology patients should have timely access to effective assessment and diagnostic services with evidence based plans of care agreed Patients are not getting the appropriate length of consultation at their initial appointment (20vs30mins) Patients have inequality in timely access for cardiology between hospitals	Better manage demand on Acute services through undertaking first appt and diagnostic in community To address inequality in provision of community diagnostics, being made available across West Kent. Streamline referral processes to ensure triaging occurs for patients to be seen in the right place, at the right time, by the right clinician dependent on the patient need	Steps are being taken extend the Maidstone Cardiology GPwSI service to also cover those areas around the Tunbridge Wells hospital. Open access diagnostics to start moving to community service during Q1 (low numbers), gradual increase in activity during Q2 as technician capacity allows. Partial GP component to the service to start from Q3 2019/20 supported by Snodland service. Full service 2020/21	This service largely focuses on providing diagnostics to detect Coronary Heart failure, for which there is a significant waiting list at the Tunbridge Wells hospital. All open access diagnostics to be community based by 20/21. Reduction in waiting times at MTW to see Cardiologist to decrease (figures to be confirmed during Q1 2019/20) as well as reduction in follow ups being needed at MTW due to improved triaging and diagnostics occurring in advance of first appointment with cardiologist	Workforce being in place, pending business case as to how new service will be funded
	DGS				

	CVD RightCare pack - Potential lack of identification of patients diagnosed as having AF / HF / Hypertension Also opportunities around reducing the current numbers of elective bed days Disproportionately high level of Cardiology referrals from DGS GPs	Better manage demand on Acute services through undertaking first appt and diagnostic in community. Will also help promote earlier identification of patients potentially requiring medication	Cardiology GPwSI service with pharmacy support to maximise meds cardiology opportunities Implementation of a GPwSI service (based on the successful West Kent CCG model) end Q2 19/20 Further actions will be discussed at the CVD workshop with clinicians	Notably Swale CCG sees far fewer Cardiology referrals than DGS (80 vs. 187/208) and has a community based service already	

RESPIRATORY

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
	Medway & Swale				
Respiratory	Referral waiting times/ performance concerns and proportionately higher non elective spend on Respiratory. Also higher levels of smoking in local system.	Four focuses – prevent conditions; better enable people to self manage; provide community based services which are more accessible to facilitate earlier diagnosis and work to ensure hospital referrals are appropriate	-Increase smoking cessation and uptake of flu vaccinations -Improve and increase spirometry testing in community and undertake more COPD reviews -Extend hours of 'Unwell Service'		

			-Outpatient Transformation programme		
	West Kent				
	Need to build on proactive elements of existing integrated care model WK does not currently have a commissioned TB service despite increasing demand Patients who may have TB should have access to a service that can provide them with a diagnosis and commence their treatment in a timely manner	7.5% reduction in non-elective COPD admissions by improving proactive COPD care using the Integrated model through correct diagnosis and reduced exacerbations due to incorrect medication/treatment; - Reduction in wait times for pulmonary rehabilitation - Standardised quality assured Spirometry testing within WK (leading to improved diagnosis of COPD). -Improved diagnosis to treatment time for TB - Cost saving for Oxygen prescriptions	- Review of Integrated COPD pathways ongoing with discussions with providers currently taking place. Proactive element (medicine reviews) to be rolled out by Q3 19/20 -Updated COPD prescribing guidance is planned to be issued to primary care - Pulmonary rehab programmes to be running regularly with a minimum of 2 classes per week (minimum 18 full programmes per year) in place by Q2 and then ongoing, following review/identification of current resource Business case for nurse led TB service	3 year quality assured spirometry training programme for primary care networks. Initial cohorts Q2 19/20, with annual refreshers to incl. medicine reviews -Average saving of 5 non-elective COPD admissions per month across 19/20 -Focus on increasing Pulmonary Rehabilitation resource.	Delay in implementing Spirometry training resulting in poor COPD quality spirometry for diagnosis and monitoring
	DGS				

	Rightcare data suggests opportunities in a number of areas around quality of care and cost of services There is a clear need to patients to be identified earlier, and a gap has already been identified in the availability of spirometry in primary care.	Identify and intervene with patient sooner and increase the level of patient management in the community Patients are potentially receiving too many medications or better medications are available as suggested by Rightcare Patients requiring oxygen at home need to be reviewed to ensure appropriate usage	Joint acute / primary care clinical workshop agreed to draft an integrated care model akin to WK model, with COPD community nurses and pulmonary rehabilitation in the community. Widen availability of spirometry testers to identify more patients and meet unmet need		The CCG and Trust are working closely together with significant clinical input to take this project forward with newly forming PCNs.

STROKE

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
Stroke	Patients should have access to excellent stroke services that deliver improved outcomes, reducing the risks of death and disability as a result of their stroke	The preferred option is to have a hyper acute stroke unit, alongside an acute stroke unit, at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital Stroke rehabilitation is a	Detailed planning is underway at all existing Stroke Units to prepare for the reorganisation of Stroke services across Kent.	It is important to stress that this is not the final decision and there are still several steps in the process to be completed. A decision-making business case (DMBC) is being developed and then reviewed	

	The preferred sites for future Hyper Acute Stroke Services was identified following careful consideration of the responses to a public consultation, all the evidence and data gathered during the four-year review, and further detailed evaluation of five shortlisted options	priority for K&M JCCCGs which is leading this review. It is the intent to improve stroke rehabilitation at least at the same time as implementing the move to hyper-acute stroke units in April 2020 NHSE have not yet been able to be clear on the 10 Year Plan to increase access to thrombectomy		by the South East Clinical Senate and the Joint Health Overview and Scrutiny Committee and assured by NHS England and NHS Improvement.

DIABETES

Focus Area	Case for Change	Improvement Objectives & Action Plan		Key dates/Trajectories Compliance/Progress	Mitigating actions against risks
Diabetes	-All CCGs by 1st April 2019 (Medway) to offer flash blood continuous glucose monitoring devices -Continuous monitoring to be available for pregnant ladies by 2020/21.	In **West Kent** the new Integrated Diabetes Service, with treatment targets set higher than those set nationally, will be fully live by April 2019. The service model specifically includes addressing unmet need and includes both practice education and Diabetic	In **DGS**, an existing project is looking to develop diabetes services to ensure that patients receive the right care at the right time. This will likely involve the introduction of a Tier 3 community based diabetes services,	*To Reduce the number of emergency admissions with a primary diagnosis of Diabetes *To reduce the number of emergency admission rate of hypoglycemia *To reduce the number of minor and major amputation	Recruiting workforce -Identify and secure the specific workforce reqts. -Secure agreement on support DSN's to Primary Care IT Working group to

	MNWK CCGs, STP and public health ensuring NHS Diabetes Prevention Programme (currently in the process of being re-commissioned) reduces incidence and risk of Type 2 diabetes across MNWK by supporting those with Non-Diabetic Hyperglycaemia. It will offer digital access from 2019.	Specialist Nurse support to meet treatment targets. In **Medway** and **Swale** plans are in place to revise the diabetes pathway and reduce clinical variation across the system in relation to HbA1c, blood pressure and cholesterol monitoring for adults and HbA1c only for children.	ensuring GPs have access to advice and guidance, to help them manage any patients who they have concerns about. The community service will also provide education to primary care, to help upskill a wide variety of health care professional.	rates *To support standardisation of care and monitoring. *Upskilled and supported Primary Care to better manage Diabetes. *Referrals are to be triaged by Diabetes Specialist Nurse to ensure patients are directed to the most appropriate clinician. MTW lead the service to provide Psychological Support, manage Housebound patients and extend level 2 coverage.	focus requirements. This will be monitored at the regular DIG meetings which includes IT colleagues from MTW, WK CCG & Fed Working group on IG policies. Privacy impact assessment to be completed Creation of an incentivised SLA between Federation & GP Practices, & improved comms at Cluster PLT prior to launch

MATERNITY

HEADLINE

The Kent and Medway Local Maternity System (LMS) was established in late 2016 in response to Better Births (National Maternity Review 2016). MWNK CCGs, particularly West Kent, are active partners in the LMS. Under the strategic direction of the LMS, both commissioners and providers are working to implement the recommendations in Better Births and complete maternity transformation in line with national expectations. Service users have a direct influence on the development of maternity services in Kent through participation in the Maternity Voices Partnership which is being enhanced further in 2019 with the support of the LMS.

OVERVIEW

The K&M LMS are a group of dedicated and motivated professionals, stakeholders and service users working together as a collaborative to improve the lives of women and babies through the transformation and the implementation of safe, personalised, professional and high quality maternity services. The K&M LMS are the agent for the delivery of Better Births, in line with the Five Year Forward View and 10 Year Plan. The LMS provides the planning and leadership for the transformation of Maternity services throughout the Kent and Medway STP footprint. The K&M LMS includes all providers and commissioners of maternity and neo-natal care in our footprint.

The priorities of the LMS closely reflect those held nationally. The LMS workstreams are listed below and their work will be covered in more detail in the following tables/sections in this section of the operating plan. The LMS Transformation Plan is comprehensive and it is appended to this document for further details:

- Safety and Quality
- Perinatal Mental Health
- Choice and Personalisation (WHAM) and Community Hubs
- Continuity of Carer
- Maternity Voices Partnership
- Prevention
- Digital (see Digital section)
- Education and Training
- Workforce

Worth noting and not covered in the tables below:

- All women who smoke during their pregnancy will continue to receive specialist smoking cessation support to help them overcome their addiction.
- The LMS has written to Chief Nurses in order to gain support for SATOD (smoking at time of delivery) at 36 weeks and there is a business case being developed around funding support needed for SATOD
- There is also a focus on improving neonatal care including expanded critical care services, neonatal workforce expansion and family support, overseen by the Safety and Quality LMS workstream. Every Trust is involved in the National Maternal and Neonatal Health Safety Collaborative.
- A K&M model for the development of Maternity Voices Partnerships (MVPs) across the footprint has been agreed. Once appointed, 3 Chairs will support the development of a K&M wide growth strategy for MVP.

For clarity, when no local system is specified in the tables below it should be assumed the improvement/change is happening across MNWK.

IMPROVEMENT PLANS

SAFETY AND QUALITY

Focus Area	Case for Change/ Target	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
Safety and Quality	All women should have access to local maternity services that are safe and deliver excellent outcomes for them and their babies The CCGs in the MNWK are committed to national target of a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025 This target will be tracked through K&M LMS	Maternity units will continue utilising the Saving Babies Lives Care Bundle v2 (recently released) The Bundle also has a focus on preventing pre-term birth.	One of the 10 safety actions in the CNST rebate scheme is Safety Action 6 – compliance with all four elements of the Saving Babies Lives Care Bundle	Successful awards of CNST rebates in 2018/19. The providers will seek to benefit from this scheme in 2019/20.	

MENTAL HEALTH

Focus Area	Case for Change/ Target	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
Perinatal Mental Health*	5YFV and 'Better Birth' national programme Women who experience perinatal mental health difficulties should have timely access to care that is appropriate for them during their pregnancy and after the birth of their baby. Their care should be delivered in a place and manner that supports them and their family as they welcome a new baby	K&M CCGs plan to maintain 18/19 level of perinatal mental health service provision to achieve access rate of at least 4.5% of the population birth rate and to deliver more appropriate and timely care to women locally.	Continue working towards a) increasing access for women with moderate to severe perinatal difficulties & personality disorder diagnosis and b) making specialist perinatal MH services available from preconception to 24 rather than 12 months after birth. K&M successful bid for wave 2 national funding in 2018. Aiming to support the social work element of service	K&M CCGs significantly expanded the community-based perinatal mental health services in 2017/18 and 2018/19 through K&M perinatal network. Aiming for 948 additional women accessing services in K&M by end Q4 19/20	Risks are held by the Perinatal group and managed through county-wide performance meetings.

CHOICE & PERSONALISATION

Focus Area	Case for Change/ Target	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
Choice and Personalisation	Key objectives in national policy document 'Better Births' West Kent is a pioneer site for choice and personalisation which allows learning to be taken forward across the K&M LMS	Focus on increasing the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally All providers in MNWK either have an accredited evidence based feeding programme in place or will be working to achieve accreditation in 2019/20 through the K&M LMS transformation plan	All reasonable endeavours to ensure that continuity of carer is provided, especially to groups who experience the poorest outcomes, such as women from ethnic minorities and the most deprived socio-economic groups Initiatives to ensure all women have a personalised care plan and more women can give birth in midwifery settings by March 2021 K&M LMS is keen to move forwards with Maternity digital care records. Awaiting further guidance from the national team, not having an accelerator site in Kent and Medway	It is hoped that by March 2020, 35% of women will be booked on to a continuity of carer pathway and by March 2021, most women receive continuity of carer Continuity of carer for those with poorest outcomes will be achieved without compromising high quality maternity care for all women	

CHILDREN'S SERVICES

HEADLINE

During 19/20 the STP/ICS will commence to develop a children's strategy for Kent and Medway. The level of variation in our services for children and inequalities across our geographies makes this strategy a priority. Ahead of the strategy being developed, there are known areas requiring improvement and work is planned to start addressing some key concerns in 19/20.

OVERVIEW

Ahead of a Kent and Medway Children's strategy being developed in 19/20 with key partners and patients from across Kent and Medway, there are some known areas of concern in MNWK with improvements already planned for next year. These are discussed in more detail in the tables below but in summary they include:

- Review of children's community services with thought of transferring services from an Acute to Community based settings to alleviate pressure on hospitals and improve the patient experience
- Standardise the provision of Special School nursing across MNWK to avoid variance in care and improve patient experience
- Strengthen and streamline the Education and Health Care Plan (EHCP) process so health information and advice relating to EHCPs is received in a timely way and is of high quality
- WK, NK and Medway CCGs are outliers to local and national averages relating to ADHD medication and there are significant waits for assessments within NK and Medway. Steps in 19/20 will look to address both.
- Commissioners will work in partnership with children's community nursing teams and children's hospices to improve local children's palliative and end of life care
- Strengthen integrated commissioning arrangements between Health and Local Authority for the provision of Special Educational Needs & Disabilities (SEND) services
- Improve local capacity, pathway and patient flows to deliver enhanced paediatric critical care services, resulting in fewer CYP requiring transfer to tertiary centres for L2 critical care services

For clarity, when no local system is specified in the tables below it should be assumed the improvement/change is happening across MNWK.

IMPROVEMENT PLANS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
	All CCGs				
Community Services	Children would be able to access the care they need, in an accessible place, sooner after their referral. This will improve their's and their family's experience and has the potential to result in better outcomes This would release capacity in the acute services for children who need them, reducing waiting times	Review of children's community services with thought of transferring services from an Acute to Community Based setting	Commissioners working in partnership with acute and community health services to redefine pathways More robust management of children's community health service contract	Improvement figures to be confirmed	Significant development in health care provision and must be considered at STP level. It is a complex area of care for vulnerable patients and will require significant resource to develop Legacy issues risk successful implementation of new model
Special School Nursing	All children accessing a special school in Kent and Medway should be able to receive the health services they need to support their education Health & Social Care Act 2012	Review Special School Nursing provision across K&M	Review/scope existing provision via joint system working, particularly with special schools		
Education and Health Care Plan (EHCP)	Health & Social Care Act 2012, JSNA and Local Quality Concern	Strengthen and streamline the EHCP process relating to health provision	Health information and advice relating to EHCPs is received in a timely	Roll out of updated EHCP process across health and LA providers by end of Q1	This applies to all health providers and is a significant task. Roll out

	The timely completion of multiagency EHCPs will support children to access their education in a way that meets their needs		way and is of high quality Close joint working with Kent County Council (KCC) SEND colleagues Revising processes linked to EHCPs	2019/20 All requests for advice for EHCPs are received within statutory timeframes by end of Q2 2019/20	initial pilot with Kent Community Healthcare Foundation Trust (KCHFT)
Autism/ADHD	JSNA and Local Quality Concern WK/NK and Medway CCGs are outliers to local and national average relating to ADHD medication Children who may have ADHD should have timely access to assessment and diagnosis so that an evidence based care plan can be agreed and any treatment commenced, including the appropriate prescription of medicines. This will support children to access education.	Reduction of expenditure on ADHD medication Reduction of waiting times for ADHD and ASD assessment	Adherence to NICE guidance relating to pre referral standards and changing culture re: prescribing for ADHD New ADHD nurse led service to be fully embedded New ASD assessment and diagnosis pathway to be fully implemented Demand management via system joint working, particularly with schools - implementation of agreed pre-referral standards	Gradual reduction in prescribing throughout financial year -figures to be modelled on 2018/19 progress	Slow pace of change anticipated as children are reviewed and medication revised There are a significant number of patients requiring ASD and ADHD assessment/diagnosis in NK and Medway. Legacy issues relating to inherited caseload is a possible risk to progress
Palliative & End of Life	10-year plan Children with palliative care needs will receive care close to home with the support of a local	Improve local children's palliative and end of life care services including children's hospices	-Improve local capacity, pathway and patient access to palliative and EOL services -Improve patient	Commissioners working in partnership with children's community nursing teams and children's hospices	Significant development in health care provision and must be considered at STP level. It is a complex area of care for vulnerable patients and

	specialist palliative care team in the acute and community settings		experience -Improve patient choice for preferred place of death		will require significant resource to develop.
Special Educational Needs & Disabilities (SEND) services	Health & Social Care Act 2012 Children with SEND will receive the health care they need from appropriately trained professionals to enable them to meet their agreed outcomes both for education and social needs	Strengthen integrated commissioning arrangements between Health and LA to ensure Children & Young People's health and social care needs are met to enable them to access local education and live independently To reduce the number of C&YP not in Education, Employment or Training	To be determined by joint CQC/Ofsted Visit outcome report and written Statement of Action		As above
Paediatric Critical Care	South East Operational Delivery Network and National priority Children should be able to receive the critical care they need near to close to home. Where their need exceeds that which is available locally the process for the transfer of their care should be timely, smooth and communicated effectively	Improve local capacity, pathway and patient flows to deliver paediatric critical care services Improve patient experience	CCG to work with NHSE specialised commissioning and SE Operational Delivery Network to establish local provision of L2 paediatric critical care	Improved local provision resulting in fewer CYP transfers to tertiary centres for L2 critical care services	This represents a significant development in health care provision and must be considered at STP level. It is a complex area of care for vulnerable patients and will require significant commissioner resource to develop.
	CCG Specific				

Asthma	**Medway** Right Care - Reducing Asthma Exacerbations	Reduction in ED attendances for children with asthma. Figures to be confirmed.	CQUIN in place throughout 2019/20 Embed pathways of care and information sharing between acute and community provider within Q4 2019/20 Joint working with primary care to fully scope	Improvement figures to be confirmed	Primary care capacity. Mitigation to be scoped
Diabetes	**Medway** Right Care- Adherence to Diabetes best practice tariff		To ensure that local acute diabetes provision is performing in line with diabetes best practice tariff, which has previously not been awarded in Medway	Commissioners working in partnership with children's diabetes service to ensure the best care is provided and that reporting arrangements are clear and consistent	Risks relating to whether data returns are sufficient
A&E	**WK and DGS** A&E attendances – under 5's showing as an outlier within WK and DGS. Effective urgent health care for children should be available locally avoiding the need to visit ED	Reduction in A&E attendances for children & young people	Joint system working across primary, secondary and community care to design and implement new models of care		

CANCER

HEADLINE

Performance has been a key concern in 18/19, particularly at MTW and MFT. MTW has been amongst the worst performing trusts for the 62 day standard in the country. Recovery plans are in place with associated additional funding for 18/19 and 19/20. Improvement has already been seen and performance trajectories show MNWK CCGs meeting all mandated standards by April 2019 with the exception of the 62 day standard which will be met by May 2019. This is in large part being achieved by an increase in diagnostic and clinic capacity and streamlining pathways. Sustained recovery will be ensured through careful monitoring against recovery plans and further demand and capacity analysis.

OVERVIEW

The ICS/STP is leading on strategic commissioning for cancer and a revised joint committee of Kent and Medway CCGs will be overseeing the cancer agenda as a whole. The system will work together to make improvements with the support of NHSE and the CCGs. Plans will ensure all cancer pathways throughout Kent and Medway are the same where appropriate to reduce unwarranted variation, with an initial focus on implementation of the national timed pathways for lung, colorectal, prostate and the soon to be released oesopho-gastric cancer pathway, for introduction during 19/20. All the CCGs in MNWK are actively engaged with the work programmes of the Kent and Medway Cancer Alliance and will continue to deliver the NHS England National Cancer Strategy with partners across Kent and Medway and reverse deteriorating performance.

The Cancer Programme in 2019/20 focuses on the following main areas of improvement (see tables below for details):

1) Recover performance against national standards for diagnosing and treating cancer
2) An increased focus on prevention initiatives and earlier diagnosis
3) Better supporting those living with cancer and surviving cancer

The trajectories below demonstrate the planned performance for 19/20 and the fist table in this section details how this will be achieved. For clarity, when no local system is specified in the tables, it should be assumed the improvement/change is happening across MNWK.

Although commissioning responsibility for radiotherapy and genomics resides with NHSE, the MNWK CCGs will support MTW's Cancer Centre as required with the implementation of a new radiotherapy service specification, including the establishment of Radiotherapy Networks. The K&M Cancer Alliance is working with colleagues from the SEL Cancer Alliance to establish a Radiotherapy Network across the south east and a work plan will be produced by July 2019 outlining the priorities for the rest of 2019/2020. .Similarly, the CCGs will support local providers working with their designated Genomic Laboratory Hub to implement the national genomic test directory; the patient choice offer and fresh-frozen pathways. The Kent and Medway Pathology Network are abreast of this development and linked to the Cancer Alliance with genomics as part of its future strategy.

For clarity, when no local system is specified in the tables below it should be assumed the improvement/change is happening across MNWK.

PERFORMANCE

2 Week Wait Performance 18/19 & 19/20 Trajectories by Hospital Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DGT	18/19 Performance	96.1%	93.2%	94.1%	95.4%	95.8%	95.8%	97.4%	96.7%	97.1%	95.2%		
	19/20 Performance	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
	Seen < 14 days	706	532	722	690	691	1,029	667	747	677	710	688	824
	Total seen	759	572	776	742	743	1,106	717	803	728	763	740	886
MFT	18/19 Performance	93.1%	92.7%	93.0%	90.8%	73.9%	66.0%	68.1%	73.1%	88.4%	72.9%		
	19/20 Performance	82.0%	87.0%	90.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
	Seen < 14 days	862	817	702	750	742	789	895	912	799	815	825	838
	Total seen	937	879	755	806	798	848	962	981	859	876	888	902

MTW	18/19 Performance	83.4%	88.9%	85.0%	82.3%	76.4%	78.1%	86.5%	90.0%	88.1%	87.6%		
	19/20 Performance	93.6%	93.0%	93.5%	93.3%	93.3%	93.4%	93.4%	93.1%	93.0%	91.4%	93.8%	93.9%
	Seen < 14 days	1,294	1,429	1,220	1,417	1,375	1,266	1,411	1,413	1,223	1,324	1,240	1,435
	Total seen	1,382	1,536	1,305	1,518	1,474	1,356	1,510	1,518	1,315	1,449	1,322	1,529

62 Day Referral to Treat Performance 18/19 & 19/20 Trajectories by Hospital Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DGT	18/19 Performance	80.5%	82.9%	84.1%	88.5%	82.0%	80.4%	90.7%	92.0%	84.6%	83.1%		
	19/20 Performance	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
	Seen < 62 days	34	46	38	45	44	36	38	46	31	47	42	50
	Total seen	40	54	45	53	52	43	45	54	37	56	49	59
MFT	18/19 Performance	83.3%	72.9%	86.7%	84.2%	72.6%	72.2%	82.9%	80.2%	80.6%	65.9%		
	19/20 Performance	79%	83%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Seen < 62 days	63	68	58	48	42	39	54	50	48	47	46	47
	Total seen	74	80	68	57	50	46	63	59	56	55	54	55

MTW	18/19 Performance	55.9%	58.5%	57.5%	57.4%	72.6%	58.3%	63.4%	65.3%	61.8%	69.6%		
	19/20 Performance	76.8%	85.1%	85.2%	85.4%	85.2%	85.8%	85.1%	85.3%	85.2%	84.2%	86.2%	86.0%
	Seen < 62 days	106	106	121	105	130	106	146	107	110	120	119	129
	Total seen	138	125	142	123	153	123	172	126	129	142	138	150

IMPROVEMENT PLANS

IMPROVED PERFORMANCE AGAINST NATIONAL TARGETS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
National Targets	Currently patients are at risk of their disease progressing whilst they wait for the appointments to establish a diagnosis, make an appropriate care plans and receive evidence based treatment. This also has the potential to impact on their emotional wellbeing and their family.	To diagnose 'cancer/no cancer' more quickly post referral to more easily meet a) 2 week referral time target and b) 31 day decision to treat and 62 day referral to treat targets	Secure additional diagnostic, clinic and treatment capacity: -Pathway Deep Dives -Timed pathways -Straight to test nurses -One stop clinics model across tumour groups -Audit GP referrals -Continuation of robust	All standards will be met from April 2019 with exception of 62 day standard which will be met May 2019 See Trust operational plans for more information	Further review of demand and capacity to ensure sustained performance, especially given national focus on cervical screening and Prostate cancer Additional capacity is limited but mitigated by recruitment to new roles; skill mix reviews; in and outsourcing and driving efficiencies wherever possible

			harm reviews -Investment in new diagnostic equipment, including CT and MRI scanners Consideration of Rapid Diagnostic Centre and		
	New 28 day faster diagnosis target (2020)	Be able to report on and meet 28 day diagnostic standard by April 2020	Use of InfoFlex system to report data. Work is already underway to collect the required data items during 2019	Report on standard from April 2019 and meet by April 2020	See above

STRENGTHENING PREVENTION AND EARLY DIAGNOSIS ACTIVITIES

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
Prevention & Earlier Diagnosis*					
	Continue year on year increases in the proportion of patients diagnosed at an early stage of cancer 10YP sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and	Increase cancer survival rates and reduce treatment costs by diagnosing cancers at an earlier and more manageable stage Increase the number of cancers detected at an early stage by GPs vs, at a	-Rollout of qFIT bowel cancer screening for patients not meeting 2 week wait referral criteria. -Rollout of HPV cervical cancer screening (complete WK)	Targeting 4% increase in no. of patients diagnosed at stage 1 & 2 HPV detects risk as well as presence of cancer, allowing for earlier preventative measures. 2 week reporting time targeted.	To ensure there is adequate capacity to manage demand from new screening initiatives, their impact is being considered as part of the in depth demand and capacity diagnostics work being undertaken by the Kent Cancer Alliance with

	2 will rise from around half now to three-quarters of cancer patients	late stage in an emergency presentation Fully support initiatives to increase cancer symptom awareness amongst population	- 'improved access' slots cervical screening -Incentive scheme and McMillan GP to improve practice uptake -Consistent K&M 2WW referral forms summer 2019 & ongoing audit of referrals -Primary care learning events and practice visits Q2/3 -Bid for Macmillan nurse to work with practice nurses on screening uptake/ supporting patients living with cancer	The easier to use patient qFIT bowel cancer screening test should improve its uptake. Kits and analyser will be secured by summer 2019	all relevant partners qFIT audit will assess the impact on 2 week wait referrals and colonoscopy demand (which are expected to fall once test is established) Primary care capacity issues will look to be mitigated by training of other practice staff

*Extended lung health checks programme will initially be targeted on areas with the poorest survival and highest incidence rates. MNWK CCGs will observe these developments particularly in Medway CCG.

BETTER SUPPORTING PATIENTS LIVING WITH CANCER

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
Living with Cancer					
	With more and more	Appropriately risk assessed	MTW Breast Cancer	In West Kent 3000 face to	Pathways not clinically

	patients surviving cancer for longer, a focus is needed to provide them with effective, responsive and compassionate care that allows them to live a fulfilling life offering support and rehabilitation to ensure maximum recovery	patients have self-management pathways negating the need for face to face routine follow-up	patients already benefit from stratified pathways. DVH have the protocols in place. MFT will commence stratified pathways from 1st April 2019. Work has begun to agree stratified pathways for prostate and colorectal cancers for use during 2020. Prostate patients in DGS benefit from TruNORTH - allows patients to view own health records/ online resources to self-manage. MFT looking to implement.	face annual Breast follow-up appointments have been saved. By April 2020 two-thirds Breast patients will be on a supported self-management follow-up pathway. Minimum of 20% of colorectal patients and 60% of prostate patients on self-managed pathways by March 2020 (expanding to all cancers which are clinically appropriate in 2023)	supported by secondary or primary care mitigated by sharing of good practice and evidence form elsewhere Insufficient CNS capacity mitigated as far as possible by funding of support workers
		Those surviving cancer will receive personalised care to meet their needs most appropriately	This will include a needs assessment, a care plan, health and wellbeing information/events and support, treatment summaries routinely copied to patients & GPs The K&M Cancer Information Initiative will further facilitate above through electronic health needs assessment, care plan and treatment	Infoflex module will support the Cancer Recovery package by March 2020. New InfoFlex system being implemented across Kent and Medway. Support workers will also be recruited.	

			summary	
	With more patients surviving cancer it is important to track, understand and respond to the long term impact of cancer	Adopt the 'Quality of Life' metric once released	The new InfoFlex cancer data system is planned to support adoption of metric	The timescale of 2021 is on target to be met.

MENTAL HEALTH

HEADLINE

The Medway, North and West Kent CCGs are committed to increasing investment in mental health services in line with the Mental Health Investment Standard and are working with STP and provider colleagues from across Kent to review current services, agree improvements and the overall planned investment for 19/20. The total increase is currently being defined through Local Transformation Plans, overseen by a Kent Transformation Board, and covers all areas of Mental Health, with a commitment to increase the percentage of expenditure on frontline mental health provision. The planned increase also includes children and young person mental health services through the 'Future in Mind' financial allocation. Once formulated, these more detailed plans will be submitted to Governing Bodies for approval and commitment.

OVERVIEW

K&M have produced comprehensive Local Transformation Plans (LTPs) for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health. Aspects prioritised nationally are covered in the relevant table below and include the need for more community and age appropriate provision; increased support within schools around mental health; a focus on eating disorders and ensuring there will be sufficient workforce to deliver these improvements. The LTPs sit as appendices to this document and contains further local initiatives as well as analysis supporting the need for change and improvement.

Other Mental Health focus areas for 19/20 include:

- Building on significant and successful work in recent years to improve perinatal care for women
- Ensuring DGS&S, Medway and WK CCGs meet IAPT access and recovery targets, including IAPT for Children and Young People
- Only Swale CCG is meeting the Dementia Diagnostic Rate and work is planned throughout 19/20 to ensure similar compliance in other CCGs
- K&M Early Intervention in Psychosis Service is on track to ensure at least 56% of people start treatment within 2 weeks with the target increasing to 60% for 20/21
- Targeting at least 60% of patients with an SMI receiving a physical health check in 19/20 and a 10% reduction against 2016/17 suicide rate by end Q4 2020/21
- Maintaining current processes to sustain the CCGs' position of no out of area mental health placements
- Improving urgent & crisis care services by shortening response times; strengthening local relationships between primary care & secondary care, local authorities and VCS services; deepening understanding of local need and continued workforce planning to help achieve these aims

Kent is viewed as an exemplar in terms of its comprehensive datasets. All providers, including third and independent sector providers, submit comprehensive data to the Mental Health Services Dataset (MHSDS) and Improving Access to Psychological Therapies (IAPT) Dataset. The Mental Health Digital Strategy includes processes to achieve future digital record sharing across health and care communities, and the integration of digital tools and digitally-enabled therapies into routine clinical practice is being developed at the K&M level through the STP Digital workstream.

Finally, there is a regional K&M plan to expand the Mental Health workforce including training and retention schemes, both to meet existing demand and to provide the additional workforce required to complete implementation of the FYFVMH and to deliver the ambition of the 10 Year Plan. All CCGs are committed to contributing to and implementing this plan.

For clarity, when no local system is specified in the tables below it should be assumed the improvement/change is happening across MNWK.

PERFORMANCE OVERVIEW

Access Rate to CYPMH (target 34%)		West Kent					Medway				
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
2017/18	Total number receiving treatment	1,058	533	479	466	2,535	889	448	402	391	2,130
	Total number with MH condition				8,936	8,936				6,067	8,936
	% receiving treatment					28.40%					35.1%
19/20Plan	Total number receiving treatment	1,058	533	479	466	2,536	510	510	520	523	2,063
	Total number with MH condition			8,936		8,936			6,067		6,067
	% receiving treatment					28.40%					34%

		DGS					Swale				

		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
2017/18	Total number receiving treatment	724	365	328	319	1,735	603	304	273	265	1,445
	Total number with MH condition	5,397				5,397	2530				2,530
	% receiving treatment					32.1%					57.1%
19/20Plan	Total number receiving treatment	793	399	359	349	1,900	503	204	173	165	1,045
	Total number with MH condition	5,397				5,397	2,530				2,530
	% receiving treatment					**35.2%**					**41.3%**

The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (standard 95%)

		Medway				DGS				Swale				West Kent			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2018/19	No. referred within 4 weeks					*	4	-	-	*	*	*	*	16	32	-	-
	No. referred total					*	5	-	-		*	*	*	20	40	-	-
	%					0.0%	80.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	80.0%	80.0%	0.0%	0.0%

19/20 Plan	No. referred within 4 weeks	8	8	8	8	28	28	28	30	10	10	10	11	28	29	30	30
	No. referred total	8	8	8	8	31	31	31	31	11	11	11	11	31	31	31	31
	%	100%	100%	100%	100&	90.3%	90.3%	90.3%	96.8%	90.9%	90.9%	90.9%	100.0%	90.3%	93.5%	96.8%	96.8%

The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment (standard 95%)

		Medway				DGS				Swale				**West Kent**			
		Q1	**Q2**	**Q3**	**Q4**	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	**Q1**	**Q2**	**Q3**	**Q4**
2018/19	No. referred within 1 weeks					*	2	-	-					1	3	-	-
	No. referred total					*	2	-	-					2	4	-	-
	%					0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	75.0%	0.0%	0.0%
19/20 Plan	No. referred within 1 weeks	1	1	1	1	2	2	2	2	1	1	1	1	2	2	2	2
	No. referred total	1	1	1	1	2	2	2	2	1	1	1	1	2	2	2	2
	%	100%	100%	100%	100&	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

IMPROVEMENT PLANS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigating Actions
Improved Access	5YFV and Future in Mind Access rates require improvement in some CCGs (see above). CYP with a diagnosable mental health condition should have access to community services to minimise and prevent escalation of their condition	Third of CYP diagnosable mental health conditions to be treated by community mental health To work towards 34% of need accessing 2 or more evidence based treatments to improve access to timely treatment & prevent crisis escalation WK will not meet 34% standard, instead aiming for 28%	All CCGs are working with Public Health and SAFE to improve school support around MH&WB DG&S + Swale CCGs 19/20 trailblazer bid for mental health and wellbeing in schools. Medway are piloting 'Positive Behaviour Support' programme Parenting support - scoping current parenting groups to establish what is needed and where across Kent See LTPs for more information	Online 'Good Mental Health Matters' classroom resources now available & mobile interactive primary age classroom Spring 2019 'Be You 'Project (LGBTQ young people) support now available, including peer mentoring, training for schools, and anti-stigma assemblies Increased earlier interventions across a wider workforce are helping to prevent escalation into specialist services.	The Strategic Data Collection Service (SDCS) in the Cloud (SDCS Cloud) is replacing the Bureau Service Portal (BSP) as the submission tool for the Mental Health Services Data Set (MHSDS) from May 2019. Public Health Analyst supporting this work for Kent LTP, reporting in to Transformation Boards.
Eating Disorders	5YFV	Improve access to services for those with possible eating disorders	Implement new all age pathway for Eating Disorders through new contract with additional funding around access	All CCGs targeting 95% of need accessing routine treatment within 1week if urgent and 95% if routine within 4 weeks by end Q4 19/20	Risks are held on EDS contract risk report and monitored at contract meetings regularly.

Age Appropriate Response	5YFV and Future in Mind	Age-appropriate crisis response, liaison service and intensive community support functions.	Create new models of care with patients and providers that meet the needs of people locally and contracting with providers accordingly	Progress already made re providing age-appropriate 24/7 crisis provision Training in CYP IAPT by end Q4 19/20	
Workforce	5YFV and Future in Mind Local planning demonstrates shortfall in workforce	Through Local transformation plans deliver the expansion in capacity and capability of the CYP workforce	Increase number of staff receiving training in evidence based treatments using CYP IAPT programme	Challenges in HEIs being commissioned by HEE to deliver local training programmes in K&M, reporting to Transformation Boards.	

PERINATAL MENTAL HEALTH

Focus Area	Case for Change/ Target	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitgations
Perinatal Mental Health*	5YFV and 'Better Birth' national programme Women who experience perinatal mental health difficulties should have timely access to care that is appropriate for them during their pregnancy and after the birth of their baby. Their care should	K&M CCGs plan to maintain 18/19 level of perinatal mental health service provision to achieve access rate of at least 4.5% of the population birth rate and to deliver more appropriate and timely care to women locally.	Continue working towards a) increasing access for women with moderate to severe perinatal difficulties & personality disorder diagnosis and b) making specialist perinatal MH services available from preconception to 24 rather than 12 months	K&M CCGs significantly expanded the community-based perinatal mental health services in 2017/18 and 2018/19 through K&M perinatal network. Aiming for 948 additional women accessing services in K&M by end Q4 19/20	Risks are held by the Perinatal group and managed through county-wide performance meetings.

	be delivered in a place and manner that supports them and their family as they welcome a new baby		after birth. K&M successful bid for wave 2 national funding in 2018. Aiming to support the social work element of service		

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) SERVICES

PERFORMANCE OVERVIEW

IAPT Roll-out (Q4 2019/20 Standard 5.5%)

		Medway				DGS				Swale				West Kent			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2017/18	No. having psychological therapies	-	1,300	1,380	1,435	-	790	835	925	-	460	405	455	-	1,355	1,130	1,675
	No. with depression +/anxiety disorders	-	29,900	29,900	29,900	-	22,071	22,071	22,071	-	9,818	9,818	9,818	-	43,304	43,304	43,304
	%		4.35%	4.62%	4.80%		3.58%	3.78%	4.19%		4.69%	4.13%	4.63%		3.13%	2.61%	3.87%
2018/19	No. having psychological therapies	1,505	1,485	-	-	855	830	-	-	530	400	-	-	995	1,350	-	-
	No. with depression +/anxiety disorders	30,195	30,195	-	-	22,292	22,292	-	-	9,917	9,917	-	-	46,292	46,292	-	-
	%	4.98%	4.92%	0.00%	0.00%	3.84%	3.72%	0.00%	0.00%	5.34%	4.03%	0.00%	0.00%	2.15%	2.92%	0.00%	0.00%
19/20	No. having psychological therapies	1,495	1,540	1,600	1,665	1,059	1,059	1,059	1,059	471	496	521	545	2,550	2,550	2,550	2,550

Plan																	
	No. with depression +/anxiety disorders	30,195				22,292				9,917				46,292			
	%	4.95%	5.10%	5.30%	5.51%	**4.75%**	**4.75%**	**4.75%**	**4.75%**	**4.75%**	**5.00%**	**5.25%**	**5.50%**	5.51%	5.51%	5.51%	5.51%

IAPT Recovery Rate (standard 50%)

		Medway				DGS				Swale				West Kent			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
2017/18	No. two treatment contacts & recovery	-	390	470	455	-	250	275	305	-	175	185	190	-	340	330	360
	No. finishing treatment	-	745	885	830	-	550	615	605	-	350	325	350	-			665
	% *		52.3%	53.1%	54.8%		45.5%	44.7%	50.4%		50.0%	56.9%	54.3%				54.1%
2018/19	No. two treatment contacts & recovery	440	340	-	-	330	305	-	-	205	195	-	-	500	420	-	-
	No. finishing treatment	820	830	-	-	665	635	-	-	335	350	-	-	860	800	-	-
	%	53.7%	41.0%	0.0%	0.0%	49.6%	48.0%	0.0%	0.0%	61.2%	55.7%	0.0%	0.0%	58.1%	52.5%	0.0%	0.0%
19/20 Plan	No. two treatment contacts & recovery	435	448	465	485	338	338	338	338	169	169	169	169	500	500	500	500
	No. finishing treatment	865	895	930	965	675	675	675	675	338	338	338	338	1,000	1,000	1,000	1,000
	%	50.3%	50.1%	50.0%	50.3%	50.1%	50.1%	50.1%	50.1%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%

IAPT Waiting Times - 6 weeks (standard 75%)

		Medway				DGS				Swale				West Kent			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
2017/18	No. 1st appt w/in 6 wks	605	675	840	775	500	355	325	290	195	275	310	330	535	630	625	505
	No. referrals	715	795	935	865	595	590	645	610	325	350	325	350	585	735	735	740
	% *	84.6%	84.9%	89.8%	89.6%	84.0%	60.2%	50.4%	47.5%	60.0%	78.6%	95.4%	94.3%	91.5%	85.7%	85.0%	68.2%
2018/19	No. 1st appt w/in 6 wks	800	850	-	-	385	410	-	-	285	255	-	-	700	615	-	-
	No. referrals	870	875	-	-	670	635	-	-	335	345	-	-	935	870	-	-
	%	92.0%	97.1%	0.0%	0.0%	57.5%	64.6%	0.0%	0.0%	85.1%	73.9%	0.0%	0.0%	74.9%	70.7%	0.0%	0.0%
19/20 Plan	No. 1st appt w/in 6 wks	650	675	700	725	506	506	506	506	253	253	253	253	600	600	600	600
	No. referrals	865	895	930	965	675	675	675	675	338	338	338	338	800	800	800	800
	%	75.1%	75.4%	75.3%	75.1%	75.0%	75.0%	75.0%	75.0%	74.9%	74.9%	74.9%	74.9%	75.0%	75.0%	75.0%	75.0%

IAPT Waiting Times - 18 weeks (standard 95%)

		Medway				**DGS**				**Swale**				**West Kent**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
2017/18	No. 1st appt w/in 18 wks	715	795	930	860	595	590	640	610	325	345	325	350	580	730	735	615
	No. referrals	715	795	935	865	595	590	645	610	325	350	325	350	585	735	735	740
	% *	100%	100%	99.5%	99.4%	100.0%	100.0%	99.2%	100.0%	100.0%	98.6%	100.0%	100.0%	99.1%	99.3%	100.0%	83.1%
2018/19	No. 1st appt w/in 18 wks	850	870	-	-	670	630	-	-	335	345	-	-	835	815	-	-

19/20 Plan	No. referrals	870	875	-	-	670	635	-	-	335	345	-	-	935	870	-	-
	% *	97.7%	99.4%	0.0%	0.0%	100.0%	99.2%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	89.3%	93.7%	0.0%	0.0%
	No. 1st appt w/in 18 wks	825	852	885	920	641	641	641	641	321	321	321	321	760	760	760	760
	No. referrals	865	895	930	965	675	675	675	675	338	338	338	338	800	800	800	800
	% *	95.4%	95.2%	95.2%	95.3%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

IMPROVEMENT PLANS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigating Actions
IAPT Services					
	Patients requiring access to IAPT services can do so in a timely and appropriate way to meet their needs	Meet access standards, recovery rates, referral to treatment waiting time standards, raising awareness and encouraging access across patient groups, particularly underrepresented groups like older people and BAME IAPT services should reach 5.5% of those suffering depression and/or anxiety disorders in 19/20. 50% of eligible referrals to IAPT services should move	IAPT Providers mandatory training for IAPT Long Term Conditions and working with Physical Health Providers to deliver interventions K&M commissioners are reviewing the NHS Talking Therapy service in partnership with the Strategic Clinical Network. Recommendations from	Medway currently meeting access and recovery rates. WK and DGS&S looking to meet standards 19/20 All CCGs will continue to meet recovery rates in 19/20 and will work towards meeting roll out targets, with DGS and WK having to achieve most. DGS is aiming to meet 4.75% roll out vs. 5.5% standard. Medway already clearly meets waiting time	Integration with physical health providers requires buy in and understanding of the benefits of IAPT. Workforce retention and recruitment for IAPT - high turnover of staff. The CCGs are committed to funding backfill for additional IAPT trainees to increase the workforce needed to achieve the increased

	to recovery Of 22% with need to enter treatment, 75% referral to treatment within 6 weeks, 95% referral to treatment within 18 weeks Two thirds of the service's growth targeted at those with long term conditions.	the review will be taken forward in 2019-20 across MNWK and will support increased patient access and improved outcomes	standards. The other CCGS will look to follow suit in 19/20, however, it is noted a significant improvement will be required in DGS to achieve 75% standard for a 6 week wait.	access target. There will be 34 additional trainees by Autumn '19

DEMENTIA

PERFORMANCE OVERVIEW

Dementia - Estimated Diagnosis Rate for people aged 65+ 18/19 Performance and 19/20 Plan (Standard 66.7%)

West Kent	E.A.S.1	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	Number of people aged 65 or over diagnosed with dementia	3,667	3,665	3,611	3,622	3,691	3,677	3,610	3,646	3,695	3,716	-	-
	Estimated prevalence of dementia based on GP registered population	6,051	6,070	6,012	6,033	6,049	6,140	6,145	6,156	6,178	6,178	-	-
	%	60.6%	60.4%	60.1%	60.0%	61.0%	59.9%	58.7%	59.2%	59.8%	60.1%	0.0%	0.0%

2019/20 Plan	Number of people aged 65 or over diagnosed with dementia	3,694	3,732	3,769	3,807	3,844	3,882	3,919	3,957	3,994	4,032	4,069	4,107
	Estimated prevalence of dementia based on GP registered population						6,156						
	%	**60.0%**	**60.6%**	**61.2%**	**61.8%**	**62.4%**	**63.1%**	**63.7%**	**64.3%**	**64.9%**	**65.5%**	**66.1%**	**66.7%**

Medway	**E.A.S.1**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2018/19	Number of people aged 65 or over diagnosed with dementia	1,587	1,597	1,600	1,591	1,591	1,591	1,643	1,635	1,575	1,570	-	-
	Estimated prevalence of dementia based on GP registered population	2,860	2,870	2,874	2,883	2,884	2,887	2,889	2,890	2,895	2,902	-	-
	%	**55.5%**	**55.6%**	**55.7%**	**55.2%**	**55.2%**	**55.1%**	**56.9%**	**56.6%**	**54.4%**	**54.1%**	**0.0%**	**0.0%**
2019/20 Plan	Number of people aged 65 or over diagnosed with dementia	1,647	1,656	1,660	1,664	1,670	1,676	1,684	1,692	1,700	1,710	1,720	1,734
	Estimated prevalence of dementia based on GP registered population						2,890						
	%	**57.0%**	**57.3%**	**57.4%**	**57.6%**	**57.8%**	**58.0%**	**58.3%**	**58.6%**	**58.8%**	**59.2%**	**59.5%**	**60.0%**

DGS&S	**E.A.S.1**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2018/19	Number of people aged 65 or over diagnosed with dementia	1664	1600	1605	1618	1653	1714	1723	1739	1753	1757	1764	1768
	Estimated prevalence of dementia based on GP registered population	2920	2792	2792	2800	2841	2940	2946	2949	2959	2958	2959	2959

v2019/20 Plan	%	**57%**	**57.3%**	**57.5%**	**57.8%**	**58.2%**	**58.3%**	**58.5%**	**59%**	**59.25%**	**59.4%**	**59.6%**	**59.75%**
	Number of people aged 65 or over diagnosed with dementia	1769	1775	1784	1790	1798	1802	1805	1814	1820	1823	1827	1835
	Estimated prevalence of dementia based on GP registered population	2959											
	%	**59.8%**	**60%**	**60.3%**	**60.5%**	**60.75%**	**60.9%**	**61%**	**61.3%**	**61.5%**	**61.6%**	**61.75%**	**62%**

Swale	**E.A.S.1**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2018/19	Number of people aged 65 or over diagnosed with dementia	804	806	803	806	811	815	814	808	802	796	801	797
	Estimated prevalence of dementia based on GP registered population	1,148	1,152	1,155	1,161	1,164	1,169	1,169	1,174	1,177	1,170	1,173	1,175
	%	**70.0%**	**70.0%**	**69.5%**	**69.5%**	**69.7%**	**69.7%**	**69.7%**	**68.8%**	**68.1%**	**68.1%**	**68.3%**	**67.8%**
		815	819	821	817	816	840	852	851	854	823	-	-
2019/20 Plan	Number of people aged 65 or over diagnosed with dementia	1,181	1,184	1,184	1,190	1,193	1,197	1,200	1,202	1,208	1,215	-	-
	Estimated prevalence of dementia based on GP registered population	1,202											
	%	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**

IMPROVEMENT PLANS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigating Actions
Dementia					
	Patients who may have dementia should have access to an assessment and a diagnosis made at the earliest opportunity. This will ensure that their needs are recognised and better met	To work towards meeting 66.7% of prevalence for dementia diagnosis rate to enable patients to receive appropriate care and medication Continued support of K&M Dementia SIG (Dementia Leads from all the CCGs, KMPT, KCC and Medway Council) which is looking to improve the memory assessment and diagnosis pathway (North and West Kent workshop to progress)	Improvement targeted through: -Care home support -Old age psychiatrists support via Kinesis -Supporting GPs to diagnose; code and upload. Also protected learning, quarterly newsletter and running Dementia Quality toolkit every 3-6 mths -Mapping of post diagnostic & crisis support -Secondary care to primary care correspon dence clearly stating diagnosis & read codes -Reconciliation Memory Assessment data with GP Dementia Registers -Dementia nurses at the PCN level and dementia leads in acute hospitals	Swale CCG has achieved 71% diagnosis rate and will look to meet 66.7% standard in 19/20 WK is committed to trying to meet target by end Q4 19/20 and 7 community Dementia nurses will support GPs at the PCN level DGS and Medway are aiming to reach 62% and 60% respectively by Q4 19/20 There will be continued use of numerous communication platforms to regularly engage health and social care professionals, regarding the importance of a timely diagnosis of dementia.	Coding in GP Practices may not be accurate. Other issues - pathway delays between primary and secondary care and reluctance to diagnose in primary care. Robust action plans in place outlining all risks and mitigations. Multiple reporting channels to NHSE already in place.

Memory Asessment Pathway		Kent and Medway wide memory assessment pathway to speed up diagnosis	-Imaging requests on receipt of referral to speed up time to diagnosis. -ECGs no longer a pre requisite for referral -Agreement for direct referral to memory assessment service from acute trust via liaison psychiatry service		

EARLY INTERVENTION INTO PSYCHOSIS

PERFORMANCE OVERVIEW

Psychosis treated with a NICE approved care package within two weeks of referral (standard 56%)

		Medway				DGS				Swale				West Kent			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
2017/18	No referrals start within 2 weeks	-	-	5	10	-	-	8	5	-	-	-	1	-	-	12	11
	No. of referrals	7	5	5	15	4	5	9	6	1	2	2	1	11	6	13	11
	%	**0.0%**	**0.0%**	**100.0%**	**66.7%**	**0.0%**	**0.0%**	**88.9%**	**83.3%**	**0.0%**	**0.0%**	**0.0%**	**100%**	**0.0%**	**0.0%**	**92.3%**	**100.0%**

2018/19	No referrals start within 2 weeks	7	10	7	-	7	4	8	-	1	1	1	-	15	15	14	-
	No. of referrals	9	10	9	-	7	7	9	-	1	1	4	-	21	17	20	-
	%	**77.8%**	**100.0%**	**77.8%**	**0.0%**	**100.0%**	**57.1%**	**88.9%**	**0.0%**	**100%**	**100%**	**25%**	**0%**	**71.4%**	**88.2%**	**70.0%**	**0.0%**
19/20 Plan	No referrals start within 2 weeks	7	7	7	7	1	1	1	1	1	1	1	1	6	6	6	6
	No. of referrals	8	8	8	8	1	1	1	1	1	1	1	1	10	10	10	10
	%	**87.5%**	**87.5%**	**87.5%**	**87.5%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**60%**	**60%**	**60%**	**60%**

IMPROVEMENT PLANS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigating Actions
Psychosis					
	Patients with a psychosis receive access in line with other urgent physical health issues such as cancer	56% of referrals to access treatment within two weeks of referral 14-65 yr olds To provide a timely and appropriate response to prevent crisis escalation and wrap around care to help person remain well in the community	Service improvement plan continues to ensure targets are easily met as in previous years From Jan 18, increased access ages 35 to 65 and information distributed to GPs	As the tables above demonstrate there has been consistent performance in meeting this target across the MNWK footprint	Risk register held by EIP SDIP

SEVERE MENTAL ILLNESS

PERFORMANCE OVERVIEW

People with a severe mental illness receiving a full annual physical health check and follow-up interventions (standard 60%)

		Medway				DGS				Swale				West Kent			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
2018/19	No. GP SMI Register + PHA	-	-	410	-	-	-	298	-	-	-	120	-	-	-	461	-
	No. GP SMI Register	-	-	1,913	-	-	-	1,749	-	-	-	520	-	-	-	2,883	-
	%	**0.0%**	**0.0%**	**21.4%**	**0.0%**	**0.0%**	**0.0%**	**17.0%**	**0.0%**	**0.0%**	**0.0%**	**23.1%**	**0.0%**	**0.0%**	**0.0%**	**16.0%**	**0.0%**
19/20 Plan	No. GP SMI Register + PHA	765	957	1,052	1,148	700	875	962	1,049	208	260	286	312	576	864	1,153	1,441
	No. on the GP SMI Register	1,913				1749				520				2,883			
	%	**40.0%**	**50.0%**	**55.0%**	**60.0%**	**40.0%**	**50.0%**	**55.0%**	**60.0%**	**40.0%**	**50.0%**	**55.0%**	**60.0%**	**20.0%**	**30.0%**	**40.0%**	**50.0%**

IMPROVEMENT PLANS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigating Actions
*					
Severe Mental Illness	Patients who have a diagnosis of SMI require physical health checks to ensure that their treatment plans are safe and effective Access to psychological therapies for people with SMI	50% of people with SMI to receive a physical health check in primary care and 10% in secondary care to deliver parity of care and reduce premature deaths Also need to ensure PT treatments are available for those with SMI All CCGs are committed best practice and the national ambition to increase employment support for people with SMI data	Initial plans to help meet these objectives/ target are, for example, included in the West Kent Business Case which will be submitted for approval at the March 2019 Governing Body Developing plans to baseline and track access to PT treatments for SMI	To meet and maintain 60% measured quarterly To work towards meeting 60% standard during 19/20 in all CCGs with the exception of WK who are targeting 50% CCGs have submitted the above trajectories to achieve the target and will be uploading data via quarterly submissions	Accurate data collection, multiple data sources eg QOF, KID, NHS Digital with differing baselines. Primary care capacity.

*severe mental illness, defined in the Five Year Forward View for Mental Health as Psychosis, Bipolar Disorder and Personality Disorder

REDUCING SUICIDES

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigating Actions
Suicide					
	Five Year Forward View	K&M Suicide prevention programme has a clear plan of activity for 2019/20, aimed at achieving the national target of a 10% reduction in suicides by 20/21 through delivery against multi-agency suicide prevention plans. Expansion of the Wave 1 suicide prevention work across K&M focuses on building resilience and consistency across both primary and secondary care. Aim is to reduce suicides amongst key risk groups - middle age men, those known to primary care & individuals with risk factors identified in acute care settings.	The plan has six key priorities: -Reduce the risk of suicide in key high risk groups -Tailor approaches to improve mental health and wellbeing in K&M -Reduce access to means of suicide -Provide better support for those bereaved or affected by suicide -Support the media in delivering sensitive approaches to suicide and suicidal behaviour -Support research, data collection & monitoring	10% reduction against 2016/17 suicide rate by end Q4 2020/21 Furthermore, KCC & CCGs bid for national funding to support the programme were successful in Yr 1 and across Kent over £667k was awarded in 18/19. In 19/20 K&M will receive Year 2 funding to the same level as this year. Suicide prevention work in Kent and Medway has been referenced as best practice in a number of national forums.	

ADULT MENTAL HEALTH URGENT AND CRISIS CARE

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks/Mitigating Actions
Urgent and Crisis Care	Five Year Forward View Need to provide alternative crisis provision	Focus on improving response times; strengthening local relationships between primary care & secondary care; local authorities and VCS services; developing understanding of local need through data analysis; and workforce planning. Develop models for urgent and crisis care to ensure greater consistency of provision across MNWK Deliver Core 24 model so that 90% of people attending ED with a mental health need are assessed within 1 hour and ward referrals assessed within 24 hours	The roles of UTCs, Psychiatric Liaison services, Crisis cafes & 111/CAS service will be encompassed in single MNWK model by autumn 2019. Reviewing crisis café support to provide more consistent support. Medway CCG plan to pilot a 7 days a week crisis hub in evenings (offering crisis interventions) Kent CRHTs Review Q3 18/19 resulting in Kent wide CRHT SDIP. Partnership working on pathways to enhance access to urgent and emergency community mental health assessments and intensive home treatment 24 hours a day, 7 days per week across all CCGs 18/19 Review determined gaps in Individual Placement and Support	Targets continue to be measured through SDIP and performance In WK a Local Care business case will be submitted to the March '19 Governing Body Medway, North and West Kent CCGs currently have no younger or older adults sent out of area for a mental health placement. There are reporting plans in place to ensure this position is maintained. Therapist recruitment underway and co-locating them in primary care. Defining how best to support Local Care particularly a two thirds increase in access to IAPT-LTC	Workforce capacity and constraints to meet demand. SDIP and contract monitoring to oversee risks.

			(IPS) service. Already an IPS service in place across Kent provided by KMPT and Live Well Kent. CCGs implementing improvement plans, e,g. Medway CCG has 2 IPS workers in post.		

LEARNING DISABILITIES

HEADLINE

CCGs have been working with partners across Kent and Medway including NHS England Specialised Commissioning to develop and implement whole system change in the way people with learning disabilities and/or autism who have additional mental health or challenging behaviour needs are supported. The Kent and Medway Transforming Care Partnership (TCP) aims to reduce the number of people in specialist secure or assessment and treatment hospitals and to reduce admission rates.

OVERVIEW

The CCGs will build on progress to date by working with partners to develop a strategic plan for people with learning disabilities and/or autism that will deliver against the NHS 10 Year Plan. A Transforming Care Programme Workshop was held in March to review progress to date, identify lessons learned and agree the priorities for 2019/20 and beyond, underpinned by robust governance and finance planning. Priorities included:

- Improving co-production
- Commissioning a comprehensive Autistic Spectrum Conditions (ASC) service to focus on the cohort who are currently placed in, or at risk of admission to specialist / secure ASC specialist services and to work in collaboration with existing social care services for this population.

- Agreeing a collective approach to reducing reliance on in-patient services including achievement of a total of 30 adult inpatients with learning disability and/or autism per 1 million population
- Improving operational and business processes to expedite discharges from hospital
- Delivery of capital and projects

Plans have been developed for further investments in community learning disability services including

- Additional resources for existing community services
- A new forensic service to support those at risk of contact with the Criminal Justice System
- Adult Safe Accommodation – emergency respite for individuals whose community support arrangements have broken down and are at risk of admission to hospital

Whole system change plans are also being developed/implemented to improve:

- Workforce – Improving the skills and expertise through increased annual training for care staff, improving recruitment and retention by offering salaries that reflect the complexity of need of the population and also providing training on Positive Behaviour Support to the unpaid workforce to enable parent carers to support children more effectively in the home.
- Accommodation – Plans have been developed to increase the range of accommodation options available to people with learning disabilities by engaging developers and housing charities in the local Transforming Care programme.
- Employment and meaningful activity – CCGs will work with partners to develop a range of opportunities for people with learning disabilities to lead successful lives as part of society.

Kent CCGs have reorganised their LD Clinical Leads, with there being one now in East Kent and the position in West and North Kent developing The CCGs are represented on the Kent and Medway STOMP Steering Group which is led by Public Health. Membership of the group includes Lead Pharmacists, NHS Provider Leads in primary and secondary care. The group will undertake a deep dive into prescribing data held by all agencies and develop recommendations for consideration by CCG Boards during 2019/20.

CCGs will encourage all GPs to sign up to deliver the LD DES, and share communication plans and timeframes with the Integrated Commissioning team so that relevant updates and information can be shared with GPs via CCGs throughout the year.

For clarity, when no local system is specified in the tables below it should be assumed the improvement/change is happening across MNWK.

IMPROVEMENT PLANS

REDUCTION IN RELIANCE ON INPATIENT CARE

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks
Inpatient Care	National target - Reduce reliance on inpatient care for people with a learning disability and/or autism (CCG-funded) to 18.5 inpatients per million adult population by March 2020, allowing them to live a fulfilled life in a more appropriately supported environment	Continue to reduce reliance on T4 provision for people with a learning disability and/or autism	Multi agency workshop in March to consider steps to reduce reliance on T4 placement; these include increase in the T3 estate in Kent & Medway with the Nest opening at the end of March 19 and plans to build a second residential T3 provision (Nest 2) Seeking a Governing Body a transforming care champion per CCG to drive the agenda at Board level	The TCP has successfully discharged 108 adults and 47 children and young people from hospitals up to January 2019 Governing Body agreement to finances needed to improve the community infrastructure to support people being discharged from T4 establishments.	
CETRs	National target - 90% of under-18s admitted to hospital have either had a community CETR or a CETR post-admission	Work to ensure children and young people with a learning disability, autism or both get a community Care, Education and Treatment Review (CETR) CCG is represented at	K & M have an Adults & Children CTR / CETR protocol (process, roles and responsibilities) to ensure that national Care (Education) and Treatment Review (CTR\CETR) Policy and	CTR/CETRs must be offered to any individual of any age either currently in specialist in-patient services (e.g. Tier 4 CAMHS, adult assessment and treatment or rehabilitation units or adult secure units)	

		CETRs for Children and Young People who are inpatients; and demonstrate an increase in compliance and quality of C(E)TRs in line with national policy	Guidance is implemented for every patient who is referred for in-patient treatment	or 'at risk of admission' with a diagnosis of LD and/or ASC.	
Risk Stratification		Risk stratification process (reviewed and updated on a regular basis) to identify those at risk of admission	Formal "at risk of admission" list to be developed	There is currently a K&M bi weekly T4 bed meeting where CYP at risk of admission are also discussed	

ANNUAL HEALTH CHECKS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks
	National target - at least 75% of people on the learning disability register to have had an annual health check People with a learning disability have a significantly lower life expectancy than those	75% of people on the LD QOF Register will receive an AHC under the LD DES by 2020	Commissioner appointed to scope a project within the S75 Programme supporting people to make appointments and attend these. The Integrated Commissioning team will also work with KCC (Commissioners of	The Learning Disability Alliance has delivered training, and continues to offer support in the form of named LD Liaison Nurses to all GP Practices across Kent. NHS England receives assurance reports on LD	

	without. Undertaking an annual health review will help to identify any health issues including prevention that will enable this gap to be closed.		Children's Services) to encourage people to book Annual Health Checks, especially during transition.	DES delivery from the CQRS system directly from CCGs in order to monitor increasing annual health checks under the LD DES*	

* Access to the CCG systems, to monitor delivery in year, would enable Integrated Commissioners to work with LD Alliance in real time, to support areas with low uptake to support GP Practices individually.

LEARNING FROM REVIEWS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks
LeDeR Reviews					
	Lessons learned will help to identify the changes required to ensure patients with a learning disability are not discriminated against in relation to the provision of healthcare services	Ensure that LeDeR reviews are undertaken within 6 months of the notification of death to the local area Ensure timely allocation of cases to reviewers (within 2 weeks of allocation of notification) and a pool of sufficiently trained reviewers to enable timely allocation & completion of reviews Ensure themes and	Paper to HSG outlines recommendations to resource the achievement of the 6 month target LeDeR health T&F group reviewing pool of reviewers. Plan to fund B7, and possibly B6, health reviewer to manage back log and establish peer review within K&M CCGs	MNWK CCGs are members of the K&M LeDeR Steering Group with Deputy Chief Nurse having lead responsibility. Recognised that clinical leads should oversee reviews and reports and widely disseminate learnings across local systems The LeDeR steering group requires reviews to be presented and learning outcomes identified for	

		recommendations from completed LeDeR reviews are addressed and reported across clinical governance meetings in local system Ensure reviews sufficiently comprehensive, the cause of death has been established and relevant health/social care input is clearly described	LACs (senior nurses with investigation experience) across MNWK CCGs are designated nurses, resourced to manage LeDeR; support reviewers & undertake QA reviews (following LeDeR guidance and training) within timeframes	over view and scrutiny. There is also an annual report on action taken and outcomes from LeDeR reviews LeDeR health T&F group are looking at 6 monthly learning events to showcase learning and best practice from reviews across K&M	

COMMUNICATIONS

Focus Area	Case for Change	Improvement Objectives	Action Plan	Key dates/Trajectories Compliance/Progress	Risks
Communications		Patient and Carer engagement with local steering group Family engagement in review process Information about the	Ensure family carers and people with a learning disability are actively engaged with the local area steering group Ensure reviewers are sufficiently skilled and knowledgeable to work effectively with bereaved families Plan to refresh	Steering group chaired by Public Health with the representation from people with LD and their families, provided by Kent Valuing People Now Advocacy Groups The reviewers will have	

		LeDeR programme communicated to family and carer organisations across the local area covered by the steering group	communications about LeDeR programme with to family and carer organisations to be raised with steering Group (last undertaken 2017)	completed specific training supplied by NHSE LeDeR Regional Teams which covers sensitive family engagement	

ENABLERS

DIGITAL

PATIENT FACING

NHS App is due for release to Kent and Medway practices in April 2019. The App will provide access to the NHS 111 symptom checker and, where patients are registered, with their primary care record. Further patient facing functionality will be available as the NHS App develops. The CCGs will build on this and work with their member practices to increase the percentage uptake of registered patients signed up to online services above the 30% threshold level. Whilst no technical issues are currently foreseen, any such issues will be managed through the Kent and Medway GP IT strategy group working with NELCSU as our GP IT delivery partner.

Providing patients with access to their care plan by 2020/21 requires a strategic decision as to the best solution based on existing systems and new technologies. The STP has commenced work on the Kent & Medway Care Record (KMCR) which will provide a single shared care record across the STP, and patient access is one of the capabilities that is expected to be provided. The procurement for KMCR will launch in spring 2019. Shared care records provided by two tactical solutions MIG and CPMS, will remain in place until KMCR includes sufficient functionality to allow replacement.

The Kent & Medway STP productivity programme includes a pathology project which is focussed on the creation of a single pathology network across Kent, under a single management structure. Its aim is to deliver high quality, sustainable pathology services, embracing new technologies and fulfilling the diagnostics requirements of primary and secondary care. It will become a national leading pathology network, in the areas it concentrates on, by 2030 and the best place to learn, work and participate in

research . The project includes an Information Sub-Group which will initially look to support the delivery of the Pathology OBC, providing support for both information and digital requirements.

Providing women access to their maternity record digitally should be facilitated by Kent and Medway having a well-established local maternity system (LMS), which includes a digital work stream. The K&M LMS intends to appoint a digital lead who will focus on solutions to provide women with digital access to their maternity record, and this will either be via existing maternity systems (E3 is used across K&M) or via a vertical patient health record.

The MNWK CCGs will work with the STP to enable digital access to the K&M Diabetes Prevention Programme when possible.

SUPPORTING SERVICES

In parallel, KCHFT and MCH are re-procuring their clinical systems, and MTW is implementing an EPR, to support improved quality and productivity of services delivered in community and at the hospital. Procurers need to be aware that during 2019 NHS Digital will be mandating core standards (across interoperability, cyber security, design, commercial etc.) for all technology across the NHS and introducing additional controls to ensure that all new technology and systems meet these mandated standards. KMCR procurement is based on these standards; all organisations are working with their major providers to ensure that their system can integrate with KMCR.

All NHS provider organisations are sending electronic discharge summaries and outpatient letters. The CCGs have invested in DocMan connect which allow practices to download such documents for incorporating into GP records. Additionally, in West Kent, 'DocMan Share' has been integrated into the Care Plan Management System (CPMS) shared record system, meaning that electronic documents are accessible to all care professionals involved in the care of an individual

The hospital Trusts have also confirmed that the ECDS is uploaded daily and work is ongoing with KCHFT to confirm that MIUs are completing and uploading datasets, The CCGs will need to work with Trusts around maintaining a daily view of bedstates but the need and ambition to achieve this is clear, across commissioners and providers.

Much of the infrastructure to support digitisation of outpatient services, to support the reduction of appointments by a third in 5 years, is already in place. The focus will be on how best to deploy the technology to support business and clinical processes and effective transformational change processes.

Further work is required to develop a comprehensive digital strategy for Mental Health. This will be managed through the STP Mental Health and Digital workstreams and will need to include processes to achieve future digital record sharing across health and care communities, and the integration of digital tools and digitally-enabled therapies into routine clinical practice.

The MNWK CCGs are also working with the STP Digital and Workforce work streams to focus on the digital capabilities of the work force, and with the estates work stream to ensure that the entire estate has the necessary infrastructure in place. For example, following the completion of the HSCN rollout (expected spring 2019), govroam will be deployed across the estate to provide Wi-Fi access for everyone. Using HSLI funding, the digital work stream of the STP is implementing a clinician communications tools "Whats APP" style. This is initially starting in East Kent but, thereafter, will extend to the rest of the county.

In addition to the development of PCN, the primary care work stream of the STP includes a digital focus to address the 'Digital First' ambition. Anticipated initiatives include remote (online) self-triage and remote consultations (see below). A number of early adopters of online consultations are already in place (for example College Road) and procurements to provide solutions for all practices, expected to complete by March 2019.

Skype for business is being deployed in trusts and within CCGs, but MDTs are also using video conferencing to make more effective use of clinical time. Advice and guidance (clinician - clinician) is already in place via eRS and Kinesis in West Kent.

DATA & SECURITY

By summer 2021, there will also have to be 100% compliance with mandated cybersecurity standards across all NHS organisations. It is necessary to confirm what the standards are expected to be, however CCGs are compliant currently and will develop plans with NELCSU to attain Cyber Essentials.

To support the improvement of data and therefore enabling more accurate and efficient reporting, a data quality initiative is currently underway within the trusts through a Health System Led Investment (2018/19 tranche) to support the upgrade of the business intelligence platform across all provider organisations in STP.

During 2019, population health management solutions will be deployed to support Integrated Care Systems. The STP has a well-established Shared Health and Care Analytics Board which provides oversight for business intelligence, population health analysis and health and care based research. A business intelligence strategy is being developed, with the STP working with NHS England and the KSS AHSN. This strategy will build on the existing Kent Integrated Dataset (KID) and the commissioning business intelligence services delivered through Optum to provide a framework for BI and population health management solutions necessary to support strategic commissioning and system wide improvement. The CCGs are already using SUS data, supported by the Optum Commissioning support service

The STP primary care work stream has initiated work to understand the needs of PCN, with respect to data analytics it is expected that, in the first instance, PCNs will received their BI services from Optum. Currently 90% of practices across the STP have agreed that data from their principal clinical systems can flow, pseudomynised, into the Optum warehouse, where it forms part of the Kent Integrated Dataset. Thus it can be used to support population segmentation and risk stratification at PCN level (as well as practice, ICP & ICS). Where a valid legitimate relationship exists, a clinician will be able to re-identify a patient to support direct care.

WORKFORCE

A workforce of around 83,800 (Full Time Equivalent) is employed in Kent and Medway in over 350 careers across health and social care organisations. However, given the current gap in supply and the increase in demand for services, unless we take radical steps to change the way we use our workforce to deliver care, we will not have the right workforce in place to meet the challenges ahead.

CCGs have been working together in partnership as a Kent and Medway STP Workforce Board to understand the collective challenges and opportunities. We successfully supported the universities' campaign for a Medical School in Kent and Medway in order to increase our supply of potential doctors and attract wider professionals into the area.

Workforce is increasingly recognised as the number one challenge facing health and social care nationally.

There is increasing pressure to find credible solutions to this challenge, including:

- a limited workforce supply, with workforce growth below the national average
- an ageing workforce
- the uncertainty EU exit is creating for migrant health, social and care workers and future supply
- a high reliance on agency staffing (10 per cent of the NHS pay bill)
- that working in the NHS and social care is not the career of choice for many young people, with only 6 per cent under 25 working in the
- NHS.

For 2019/20 the Kent and Medway STP has identified a number of key actions as part of the agreed STP Workforce Transformation Plan:

FOR LOCAL CARE

- Developing local workforce planning capability and capacity.
- Growing the care navigation and social prescribing workforce.
- Introducing a Carers and Care Navigation app by March 2019.
- Developing Primary Care Networks as multidisciplinary learning hubs.
- Organisational Development support for the 37 Primary Care Networks including the rollout of a toolkit.
- Esther coaching and training across local care and social care.
- Recruitment campaign for social care workforce.

- Developing the wider social care workforce by building on existing plans to improve retention, upskilling and increasing qualification levels including apprenticeships across the workforce and utilising talent management for career development within the sector.
- Investment in management and leadership capability to build resilience and ability to develop sustainable business models.
- Developing integrated health and care pathways and the new integrated roles and career pathways that go with it.

FOR STROKE

- Undertaking a Kent and Medway stroke recruitment campaign.
- Supporting retention of the stroke workforce through service change through staff engagement events.
- Creating a shared Kent and Medway Stroke-Specific Competency Framework and supporting development programmes.
- Increasing supply of the stroke workforce through growth of new and enhanced roles and international recruitment.

FOR MENTAL HEALTH

- Undertaking a Kent and Medway Mental Health recruitment campaign.
- Continued engagement with providers to implement the required 498 full time equivalent workforce growth by 2020-21.
- Using outcomes from the competency workforce assessment undertaken for Children and Young People services to redesign the mental health workforce.
- Work with universities to develop programmes to support overseas nursing to develop their knowledge and skills in mental health.
- Suicide prevention training for workforce and the public.

FOR CANCER

- Undertaking a Kent and Medway cancer workforce recruitment campaign.
- Development of Kent and Medway Workforce Plan in conjunction with Cancer Alliance and Health Education England.
- Work in collaboration with mental health to provide health and wellbeing support to people living with and beyond a cancer diagnosis.
- Growth of roles and skills for cancer services such as sonography, endoscopy and radiography.

FOR PREVENTION

- Delivery of Making Every Contact Count training.
- Continue to offer community-based public health champions' programmes such as, A Better Medway Champions, to support our paid workforce and promote public health (PH) messages.
- Offer free specialist training programmes to upskill professionals about some of our core areas of work such as smoking cessation level 2 training.
- Develop internal public health workforce strategies aimed to recruit, retain and develop our existing public health workforce.
- Continue to commit to develop the PH workforce via pathways such as UKPHR (UK Public Health Register).
- Deliver public health masterclasses on key local issues such as social isolation, smoking status at time of delivery (SATOD) and debt advice.
- Work with trusts and community providers to embed an understanding and ethos of public health at the earliest point (recruitment, inductions and development plans).
- Offer a wide range of training (including train the trainer models) on mental health promotion including, Connect 5, mental health first aid and children and young people's mental health first aid.
- Support educational settings with training and resources (RSE, PSHE, smokefree school gates and nutritional support and advice) to ensure we embed public health messages at the earliest possible stage.
- Encourage young people to take up a career in public health by attending jobs and career fairs and by embracing and developing apprentices who can become our future workforce (including being part of the trailblazer group developing the PH apprenticeship).
- Working with providers and trusts to encourage specialist PH roles such as health visitors, school nurses, drug and alcohol workers and nutritionists to come and work in the local area.

In developing our workforce delivery plan we have set out the outputs and outcomes we wish to achieve through our work and have developed a workforce dashboard to monitor delivery progress. The Kent and Medway STP Workforce Action Board will evaluate the success of each of the actions on our delivery plan and report progress to the Kent and Medway STP Programme Board.

FOR PRIMARY CARE

In December 2018 there was approximately 2104 full time equivalent (FTE) primary care workforce in Kent and Medway; with over 295 FTE in Medway, 450 FTE in West Kent, 246 FTE in Dartford, Gravesham and Swanley and 138 FTE in Swale. Primary care workforce presents a particular challenge because we know that a high proportion of GPs and nurses in Kent are due to retire in the next five years, particularly in Swale. Workforce development for primary care (and local care) is a key focus for Kent and Medway and Medway, North and West Kent to ensure that we address the current GP workforce decline in primary care whilst maximising the opportunities for GPs and the wider primary care workforce to work differently as part of the local care model and Primary Care Networks.

The Kent and Medway Primary Care Workforce Group has been introduced to lead the strategic delivery of primary care workforce development across Kent and Medway, consisting of key partners including a Clinical Chair, CCG workforce leads, NHS England, Health Education England, Training Hubs (CEPNs), Local Medical Committee and STP workforce leads. The Group have identified £1.486 million through Health Education England and NHSE to support implementation plans in 19/20.

KENT AND MEDWAY PRIMARY CARE KEY DELIVERABLES FOR 19/20 INCLUDE:

PROMOTING KENT & MEDWAY AS A PLACE TO WORK

- Completing a Kent and Medway and international GP and primary care recruitment campaign.
- Developing GP and advanced practitioner portfolio careers and flexible working offers to support locum conversion and retention.
- Explore options for locum bank development following rollout in North Kent

MAXIMISE WORKFORCE SUPPLY

- Supporting local workforce modelling to develop GP led (not only GP delivered) multi-professional sustainable teams within Primary Care Networks.
- Developing an multi-professional placement capacity plan and operating model to expand placement capacity and encourage multidisciplinary education
- Working with the Universities to develop the K&M Medical School including primary care readiness to develop student placements (100 each year from 2020).
- Introducing a Kent and Medway Academy for Health and Social Care to promote new role and apprenticeship growth and offer rotational and secondment opportunities.

LIFELONG PERSONALISED CAREERS

- Promoting Kent and Medway primary care careers and work experience - working in partnership to promote the range of primary and local care careers.
- Developing and introducing a Work experience app for easier placements.
- Create attractive career pathways across health and social care i.e. Portfolio careers, Darzi Fellows, Health and Social Care workers, apprenticeships.

CULTURE AND LEADERSHIP

- Develop multidisciplinary teams within Primary Care Networks through OD support including the OD toolkit rollout, Esther coaches and cluster facilitation & development.
- Developing virtual student and trainee networks and Communities of Practice across Kent and Medway.
- Develop primary care leaders through Kent and Medway primary care leadership programmes i.e. Medway/East Kent/West Kent leadership programmes, Next Gen, CLIC, coaching, mentoring.
- Senior leaders developed in system leadership through system leadership programmes, coaching and mentoring.

ADDRESS WORKLOAD AND SUPPORT RETENTION

- Primary Care retention programme – First Five, Last Five programme and guaranteed employment for trainees.
- Supporting primary care sustainability through new roles and skills including the introduction of new skills such as Care Navigation and new roles such as Medical Assistants to ease pressure on general practice workforce.
- Practice Manager development – sharing successful ways of managing workload and provide peer-to-peer encouragement and support.

- Supporting and upskilling our carers and care workforce using technology through the Help4Carers app.

LOCAL WORKFORCE PROGRAMME IN MEDWAY, NORTH AND WEST KENT

- Primary Care (and local care) workforce development is a priority within Medway, North and West Kent and is supported through the CCGs and through the North and West Kent Training Hubs (CEPNs).
- Alongside the actions being taken in partnership across Kent and Medway, Medway, North and West Kent also has an extensive workforce development programme, including continuation of protected learning time, for local practices and multi-disciplinary staff.

IN NORTH KENT (MEDWAY, SWALE, DGS):

- Promoting mental health awareness, including campaigns and training through PLTs, Cluster meetings, and media campaigns (including suicide awareness). 35 Primary Care professionals offered Mental Health First Aid certificated training, then becoming Mental Health Champions for Primary Care. Suicide prevention training will also be promoted. Expected outcome to promote workforce health and wellbeing, but additionally to increase early identification and support for patients
- Pre-registration Pharmacy placements. Working with Medway School of Pharmacy to introduce, guide and support pre-registration placements to develop an integrated Primary Care Workforce. The placements run over 8 weeks for 2 days per week, to enable closer working arrangements and a greater understanding of how multi-professional working can optimise care for patients
- Promote and support apprenticeships for business and administration. Delivering an 18 month programme that will provide context, skills and business tools to assist in talent management and succession planning within the managerial and administrative workforce, while providing additional skills to support Practice Managers, GPs and other practice staff
- Local recruitment and retention initiatives to attract GPs, Nurses and Managers to come and work (particularly in Swale) promoted through media such as the Kent and Medway 'Take a Different View' website. Working with Local Council, STP, LMC and partners to promote North Kent as an attractive place to work, through a suite of options such as Leadership programmes, mentoring, active learning sets.
- North Kent are using the Lantum virtual community platform to engage locums in training, facilitate portfolio working and encourage locums into substantive roles
- Primary Care leader development to increase the number and diversity of clinical leaders in North Kent. Building on the evaluation of Medway and Canterbury Christ Church Leadership programme shown to increase collaborative leadership, organisational culture and quality in the current workforce. The programme also including a Service Improvement Project which if feasible can be taken forward

- Supporting General Practice Nursing through the 10 point plan. Standardising Nursing forums through PLT events and communities of practice, establishing the role and maximising the work force through professional development and mentoring. The programme will provide increased engagement and job satisfaction leading to better patient outcomes and improved retention.
- GP Learning sets North Kent are establishing two new GP learning sets to cover hot topics, Balint style group work, formal teaching, case discussions, discussion on course attended in order to share learning

IN WEST KENT

- Support for cluster development WK CEPN is working in conjunction with West Kent CCG largely through the 7 newly formed clusters to help support the new ways of working. Each cluster has a virtual MDT meeting & has added staff members 'wrapped around' the cluster. Cluster development is largely delivered through cluster PLT multidisciplinary events which are supported by WK CEPN and aims to support professional development and fully integrated working
- Diploma in Geriatric Medicine. WK CEPN are supporting the development of a GPSI with interest in frailty including learning costs This will enhance the Local Care offer and support clusters.
- Support for clinical pharmacists and wider workforce. West Kent have introduced wider workforce, such as Clinical Pharmacists and Paramedics within clusters to build capacity, while in many cases offering a more appropriate professional (eg. Medicine reviews). Communities of practice offering support and training have been established to support some specific training issues relating to Primary Care systems and meet monthly
- Support for the current workforce through workshop sessions on pre-retirement supported & evaluated by Kingston University.
- Clinical skills development aligned to STP delivery plans and training related to cluster competencies highlighted in the STP Local Care work, notably spirometry training in the coming year.
- West Kent are exploring Leadership programmes tailored to the current workforce need. Supporting NextGen GP programme, coaching and mentoring
- Expansion of the current workforce- Work on recruitment has taken place through different strategies for different work groups but will include school's work, use of websites & media, careers fairs, speaking to students in training & encouraging work placements & work experience. WK CEPN is involved in the International Recruitment of GPs strategy for Kent & Medway and promoting the national retention programme
- Support for quality improvement- West Kent has an established QI strategy of Clinical Microsystems. Many of the West Kent practices have been through this programme & the CCG has trained a significant number of microsystem coaches. The model teaches a method of QI which the practice can then go on to employ for themselves in the future
- Cluster resilience In addition to training and organisational development sessions, WK have invested in Social Prescribing and have worked with Wakefield to deliver receptionist signposting training; with local authorities, KFRS and the voluntary sector to deliver the Kent Public Health 'One You' offer, housing and social isolation agenda

ESTATES

As with other enablers such as Digital and Workforce, much work is being undertaken at the STP/ICS level to identify common issues and set out improvements for their resolution. The STP Estates Workstream is committed to achieving at least 'Good' in the next iteration of our Estates Strategy. The strategy focuses on setting out a plan to meet targets set centrally from NHS E+I as well as supporting care and system transformation.

The Estates Workstream will be undertaking a number of Locality Reviews which will seek to identify efficiency savings through improving the utilisation of existing space within each area and designing spaces to support our care model approaches. These reviews will work closely with the Primary Care Strategy development to ensure that the estate is as efficient as possible, whilst future proofing the estate to meet the changing population within each area and the service demands associated with this.

The K&M STP have been awarded £26m in STP Capital and £16m ETTF Capital for projects which will be essential to delivering care in the future. Some of these projects must either have an agreed FBC or completed to 'Shell and Core' by March 2020 to receive their Capital allocations. While each individual organisation is responsible for delivering these projects, the Estates Workstream will provide support and an assurance process.

In 2019/20, the Estates Workstream will:

- Develop a disposals programme that meets the Naylor Fair Share Target
- Undertake Local Area Asset Reviews to identify utilisation and efficiency savings
- Update and amend the NHS E+I Estates Strategy to achieve at least a 'Good'
- Provide assurance and assistance to all STP Capital Wave 3 and Wave 4 Schemes, as well as the ETTF projects to Full Business Case.
- There is a focus on improving the NHS estate through the development and delivery of robust, affordable local estates strategies that include delivery of agreed surplus land disposal ambitions across Kent & Medway
- There is intent to use the estate as efficiently as possible, including improvements to energy efficiency, clinical space utilisation in hospitals and implementation of modern operating models for community services.
- By 2020, there is an aim to reduce the NHS' carbon footprint by a third from 2007 levels including by improving energy efficiency through widespread implementation of LED lighting and smart energy management

APPENDIX

Please see below documents referenced in this document:

Public Health KSS 'Plan on a page' 19/20 - See Appendix A at the following link https://democracy.medway.gov.uk/mgIssueHistoryHome.aspx?IId=26095

Plan On Page
Prevention and Public

Kent LTP and Medway LTP for CYP - See Appendix B and C respectively at the following link https://democracy.medway.gov.uk/mgIssueHistoryHome.aspx?IId=26095

Kent LTP 2018 web version FINAL.PDF

Medway LTP Refresh 2018_v5.docx

LMS Plan - See Appendix D at the following link https://democracy.medway.gov.uk/mgIssueHistoryHome.aspx?IId=26095

Finance and Audit
Final Kent and Medwa

Example Estates GP Strategy - See Appendix E at the following link https://democracy.medway.gov.uk/mgIssueHistoryHome.aspx?IId=26095

GP Estates Strategy
Nov 2018 (Final).pdf