Transforming health and social care in Kent and Medway

Appendix 2

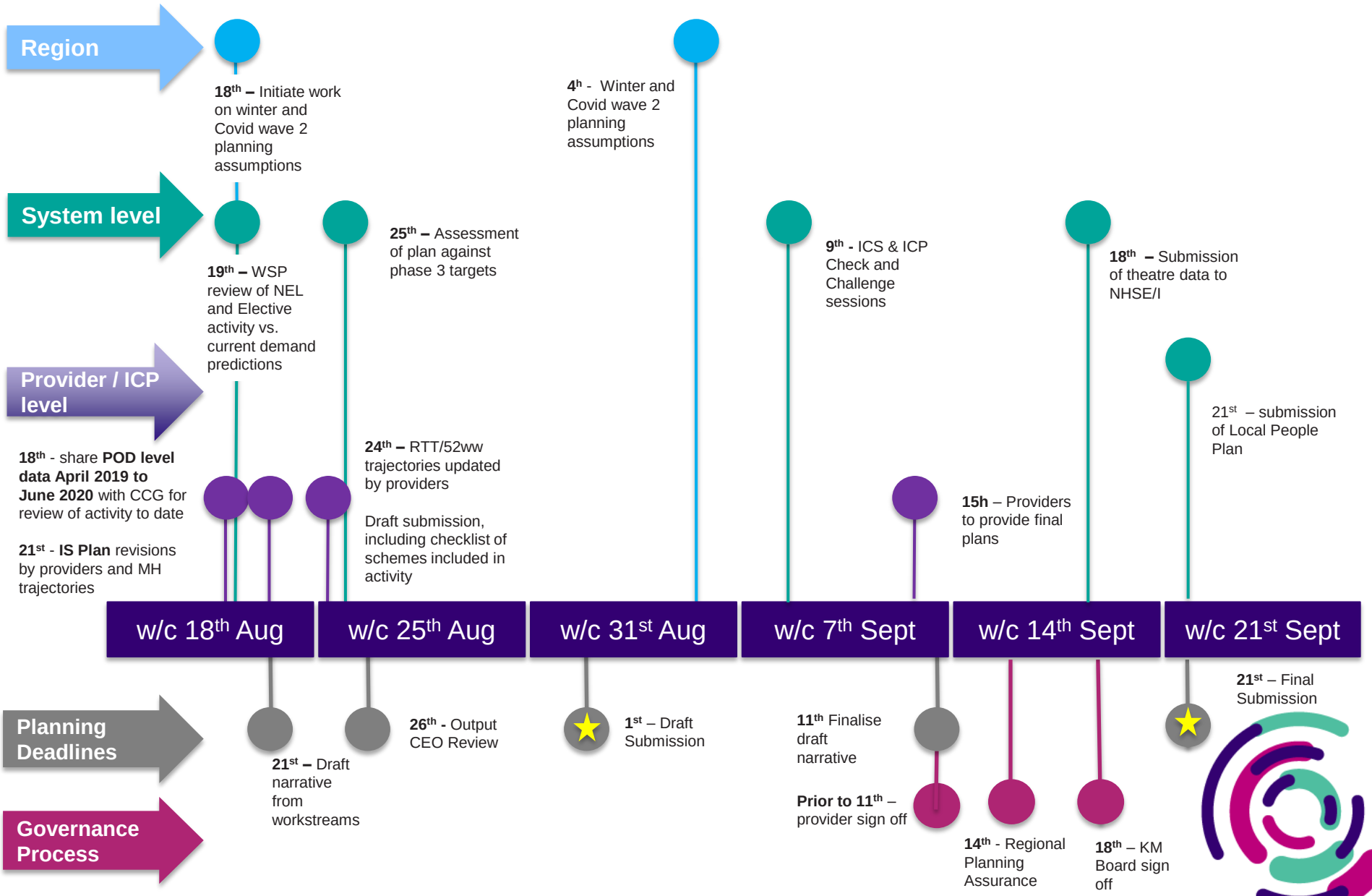
Kent and Medway Restart and Recovery Programme

Governing Body September

Wilf Williams	Accountable Officer
Caroline Selkirk	SRO & Executive Director for Health Improvement
James Lowell	Programme Director

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Phase 3 Planning Deliverables- August & September 2020



Executive Summary

Key progress

- **System wide progress against the 8 urgent actions with an initial focus on the immediate need to continue restoring services and developing a plan to address health inequalities**
- **Emergency activity fell by 45%** during COVID Phase 1 however it has observed a steady increase and is **near pre-covid levels.**
- Restart plans are focused on **moving urgent care to the most appropriate place** of delivery which may see **up to 20%** of the current Emergency Department (ED) activity being provided in other suitable venues such as Urgent Treatment Centres (UTC). Fast follower go-live for **think 111 will launch mobilisation at the end of August**.
- **Primary care** have secured £2m capital funding to further develop digital first road maps in Kent and Medway, this is a key component to redesign unscheduled care and will form a part of the Urgent Elective Care management.
- Organisational, place and system level capacity plans have been developed in collaboration with partners. Further work underway for Community and primary care as part of the Phase 3 and Resilience planning.
- **Cancer Surgery**, Chemotherapy and Radiotherapy services are in place and activity is planned to **return to pre-COVID levels by the end of October 2020**. Infection protection control requirements remain an issue with Cancer Surgery.
- **Cancer demand** is not yet back to pre-COVID levels however this is continuing to rise, 2 week wait urgent referrals remain **25% under pre pandemic levels.**
- **Elective capacity planning** across all acute providers in Kent and Medway demonstrate that capacity as of **September 2020**, when compared with pre-covid levels of capacity, are **currently modelled to be at approximately target compliance with the inclusion of NHS activity delivered in the IS sites by NHS workforce.** Note that this varies by speciality and trust.
- Based on our current understanding of Covid counter-measures and individual provider level restart plans this available capacity increases to over 100% **as of March 2021** however this 1st cut requires feasibility testing.
- Increased communication campaign across KM, using various media channels **"#ProtectKentandMedway"**
- Kent & Medway Outpatient Transformation Programme aligned with key principles from Adopt and Adapt, Phase 3 and Elective Hubs.

Key areas of concern, remedial actions and request for national support

- **Critical Care expansion will** require additional capital funding to mobiles pre winter and mutual aid arrangements are core to our resilience plans.
- **Endoscopy** will require a staffed mobile solution as per capital bid to further recover services over and above planned revenue expansion.
- **Revenue based** restoration for community and mental health services, to enable critical flow improvement plans is with the Regional team
- Clarity regarding the **future financial framework** is needed to further develop waiting list initiatives and revenue based diagnostic capacity.

Executive Summary

Key assumptions

Although still being modelled the 1st cut Phase submission did not include impacts of:

- European Union exit
- Second Wave Covid
- Social compliance with counter Covid measures
- Capital schemes requiring approved timed plans
- Adopt and Adapt opportunities
- Additional waiting list initiatives if feasible to implement
- Workforce remodelling
- Availability and supply of Personal Protective Equipment

Restoring Services – Summary dashboard

Point of Delivery	Key commentary	RAG
Elective Services	• 1st cut of Elective capacity requires bridging actions to meet the required standard. Integrated Care System check and challenge sessions carried out 9th September 2020 • 52week waits (52WW) initial profile produced in partnership with providers, Action plans in development as part of Phase 3 planning and discussed weekly with the Regional team. • Specific waiting list initiatives may be required depending on financial framework arrangements and feasibility to mobilise • Risk stratification and single patient waiting list work in progress, exploring joint work with Sussex as a pilot. • Adopt and adapt initiatives prioritised in order to bridge residual capacity gap	R
Independent Sector utilisation	• Independent Sector capacity remains a key component to the elective and cancer recovery process. • Further progress has been made on utilisation of the 10 Independent Sector Providers in Kent Medway, no providers have been removed from the national contract. • Day case and Elective are under Phase 1 planed numbers with the total KM activity at 131%. Phase 3 plans will be included in the submission to NHSE/I 21 September 2020.	A
Cancer	• Surgery, Chemotherapy and Radiotherapy services remain in place, planned to return to pre-COVID levels by the end of September 2020. • Demand is not yet back to pre-COVID levels, this is continuing to rise, 2 week waits (2WW) are now 25% under pre pandemic levels with clinically led discussions regarding what the new baseline maybe when taking into consideration new digital pathways that are in place. • The Cancer programme is actively engaged with the Adapt and Adopt initiates • Chemotherapy activity is 80% of pre-pandemic baseline, surgery at 86% and Radiotherapy activity at 82%	A
Diagnostic Recovery	• Actively participation in the adapt and adopt work with significant system wide clinical engagement via the Chief Executive Officers' chaired diagnostic network. • Endoscopy solutions well developed and require both revenue and capital investment. Accelerate plans for K&M Networks • At present we estimate to have lost between 25% - 50% (dependant on modality) of pre-covid levels of capacity • Capital bids have been submitted to further bridge the capacity gap. • Detailed work underway to imbed near live demand & capacity across modalities.	A
Primary Care	• 10 High impact changes developed alongside 6 initiatives to address health inequalities faced by BAME & vulnerable groups • Communications and engagement campaign to ensure the public feel safe and to promote 111 first. (with ability to direct on to other services including direct GP booking). • Increasing access via lifting shielding where appropriate and increasing referral rates for onwards care. • Seacole non-bedded solution to support out of hospital care has been submitted to the National team for review.	A
Urgent and emergency care	• Think 111 initiative in conjunction with communications campaign and investment in out of hospital care • £8.5m capital allocation to support UEC in both EDs and UTCs	A

Phase 3 targets

		Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Electives	**Target**	90%	100%	100%	100%	100%	100%	100%	100%
	Total outpatient attendances (face to face or virtually)	All providers have submitted plans to enable delivery of targets, within timeframe. Provision across specialities is flexing according to patient needs and clinical advice.							
	Target	25%	25%	25%	25%	25%	25%	25%	25%
	Consultant Led Outpatient Attendances conducted by telephone/ video	All providers have submitted plans to enable delivery of targets, within timeframe. Provision across specialities is flexing according to patient needs and feedback together with clinical advice.							
	Target	60%	60%	60%	60%	60%	60%	60%	60%
	Consultant Led Follow-up Attendances conducted by telephone/ video	All providers have submitted plans to enable delivery of targets, within timeframe. Provision across specialities is flexing according to patient needs and feedback together with clinical advice.							
	Target	70%	80%	90%	90%	90%	90%	90%	90%
	Day case Electives	All providers have submitted plans illustrating how activity will be increased in line with targets. There are key challenges namely; workforce, infection, prevention and control . However, these issues have been captured via weekly calls and are closely monitored and discussed.							
	Ordinary Electives								
Diagnostics	**Target**	90%	90%	100%	100%	100%	100%	100%	100%
	Magnetic Resonance Imaging (MRI)	Through system working and the support form NHSE/I and the national programme for diagnostics. Kent & Medway are in strong position. Capital bids for diagnostics will further support the delivery and ensure the sustainability of the system in meeting the targets in all areas of diagnostics							
	Computed Tomography (CT)								
	Colonoscopy								
	Flexi Sigmoidoscopy								
	Gastroscopy								

Elective services

August 2020

Elective services

Actions to deliver Phase 3 Objectives (not within current activity plans)

- Active participation with Adopt and Adapt work, which has allowed the programme team to refocus some elements of the Phase 3 work.
- All acute providers are participating in the National Patient Treatment List Validation exercise to identify opportunities to better manage
- Communication plan in development as part of the “#ProtectKentandMedway”, campaign to encourage communities to better adhere to Coronavirus restrictions, led by Kent County Council on behalf of the system.
- Plans to increase the number of G&A beds and theatre capacity (linked to the capital priorities) to enable increased system bed capacity
- Work with the regional team to implement the National framework and check-list including managed choice and shared learning on the development of system ‘Elective Care Hubs”

Immediate priorities

- Implementation of action plans for 52 week waits and Referral to Treatment
- Additional system efficiency and IS utilisation

Additional priorities

- More Communication and engagement with patients
- Waiting list prioritisation and managing clinical risk
- Refine referral, appointment and outpatient flows
- Offer full range of alternatives to consultant and hospital based consultations
- Managing/reducing Elective Waiting lists
- Maximising inpatient & day case capacity
- Adherence to latest IPC guidance
- Workforce plan

Opportunity identification List (Current)

What are we already doing but could increase scale or scope?	Theme	Impact (High, Medium, Low) 10 → 1	Ease of Implementation (Fast/Easy – Slow/Difficult) 10 → 1
1. List validation		7	9
2. Risk stratification		9	3
3. Demand capacity analysis	2	8	9
4. PIFU		6	6
5. Working with community contracting to facilitate this work		7	5
6. Advice and Guidance	3	7	5
7. Wider (regional/national) patient communications		8	2
8. Breaking down the barriers between primary and secondary care	1	8	5

Independent Sector Utilisation

September 2020

IS Utilisation

Key commentary

- Baselining of capacity and forward plan underway
- Inpatients – Provider mobilisation of Phase 1 plans.
- Resubmission of validated historical data between the 1st-10th September
- Held provider level meeting with NHSE/I colleague
- Reviewed forward plan as part of the 01/09/20 submission
- No notice served on sites in Kent and Medway
- NICE guidance on 7 day isolation implemented with the exception of EKHFUT due to infection protection controls (IPC) concerns
- DNA rates, patient compliance with social isolation and lack of flexibility in reusing dropped lists at pace are causing some issues with utilisation
- Clinical workforce remains a critical constraint

Cancer Recovery

September 2020

Cancer – key commentary

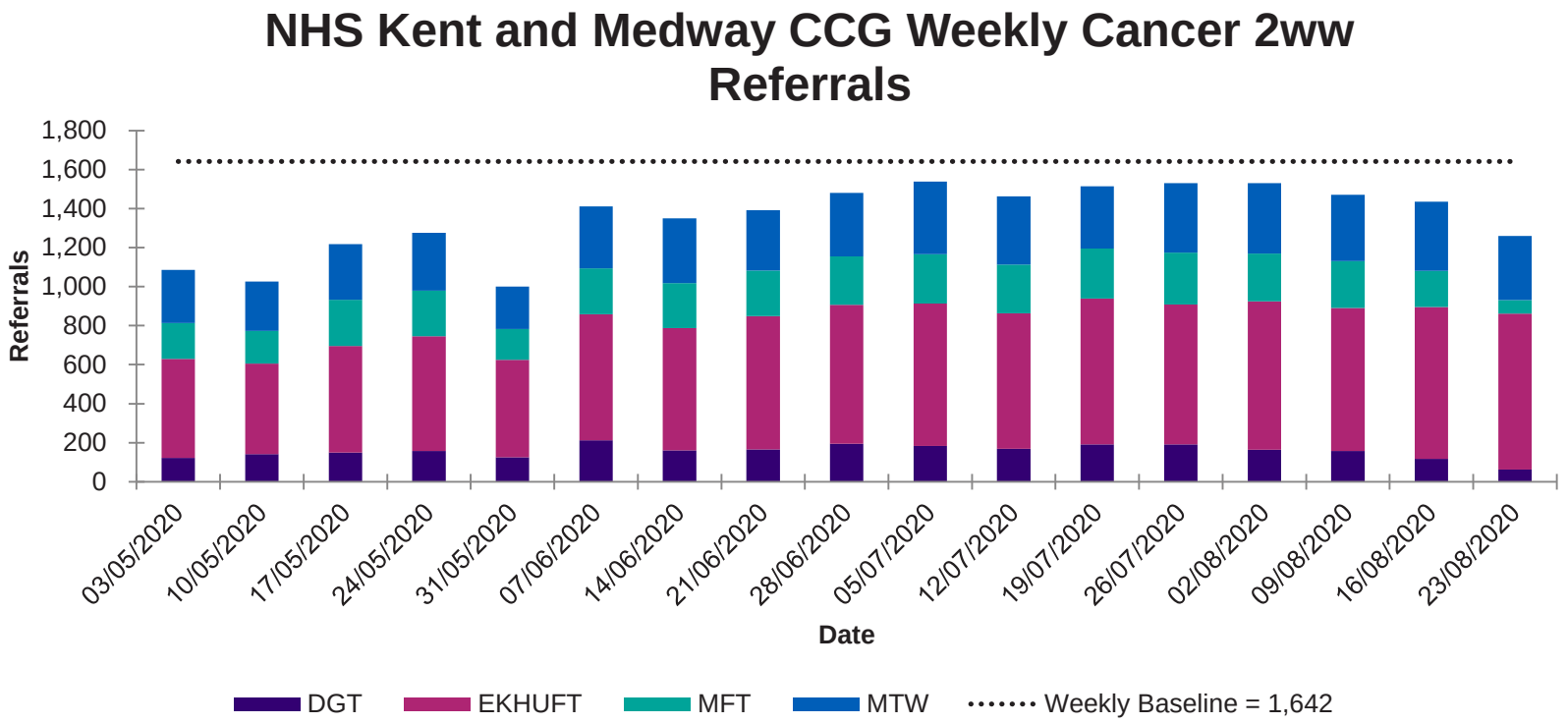
Actions to deliver trajectories

- 62 Day Performance for June was 89% - *below the 85% standard*
- 2ww performance for July was 97.9% which is compliant with the national standard
- 2WW referrals have recovered to >80% of pre-pandemic levels.
- Lower GI, and Breast, together account for 70.5% of patients waiting for diagnoses above 104 days as at week. Most of these patients are on a diagnostic pathway.
- Treatments for the Alliance is 30% lower in the week ending 30/08/2019, than the pre-pandemic 52 week average, though this in part is attributed to a delay in PTL update.
- In terms of treatment modality, chemo activity for the week ending 30/08/2019 is 80% of pre-pandemic baseline surgery at 86% Radiotherapy activity at 82%.The activity rates are similar in trend across all Trusts.
- 62 day backlog and 104+ patients across K&M is below pre-pandemic level and below the same time last year.

Areas of concern and remedial actions

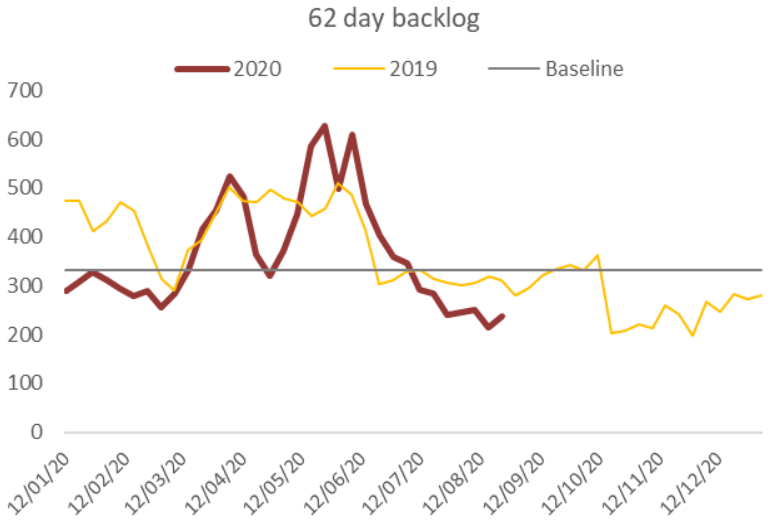
- Endoscopy - continuing to work with local Working Group to optimise current provision, further utilise IS sector, agree clinical triage protocols however this will **require staffed mobile unit as per capital bid** to further recover services in line with pre-pandemic levels of activity. Priorities to be aligned to the outputs from the SE Region A&A diagnostic workshop held 19/08/20
- Cancer Screening – Working with local providers to ensure backlogs are cleared for bowel screening through in-sourcing capability and working to deliver service development for Breast Screening with a move away from mobile units to static provision. Backlog on track to be cleared by Sep 20.
- Cancer Treatment – Acute providers bringing treatment back to NHS sites and ensuring ‘green’ areas in place for complex surgery. In addition IS also being utilised for cancer treatment to support additional demand.
- Significant focus and effort being applied to triage and monitor 62 day backlogs. The number of patients over 104 days have consistently reduced over the last 8 weeks.

2ww Referrals



Kent & Medway Cancer 2 Week Wait Referrals		
Baseline	Latest	Previous
▼	1,259	▼
1,642		1,436

Cancer


62 day backlog
2020
2019
Baseline
700
600
500
400
300
200
100
0
12/01/20
12/02/20
12/03/20
12/04/20
12/05/20
12/06/20
12/07/20
12/08/20
12/09/20
12/10/20
12/11/20
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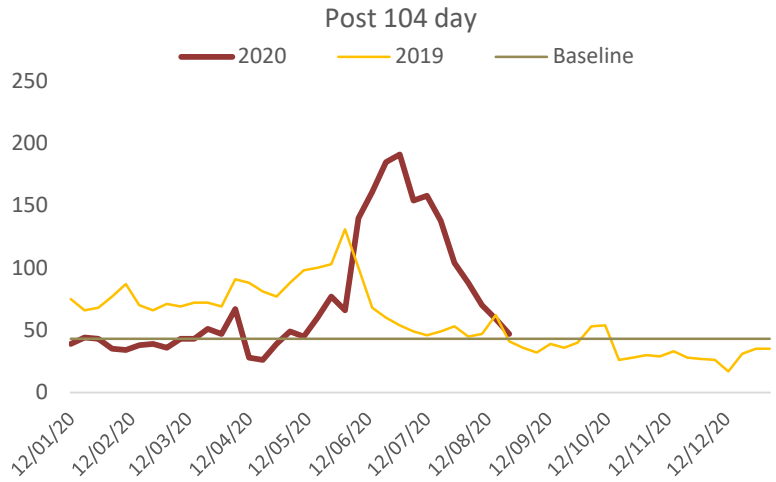
Post 104 day
2020
2019
Baseline
250
200
150
100
50
0
12/01/20
12/02/20
12/03/20
12/04/20
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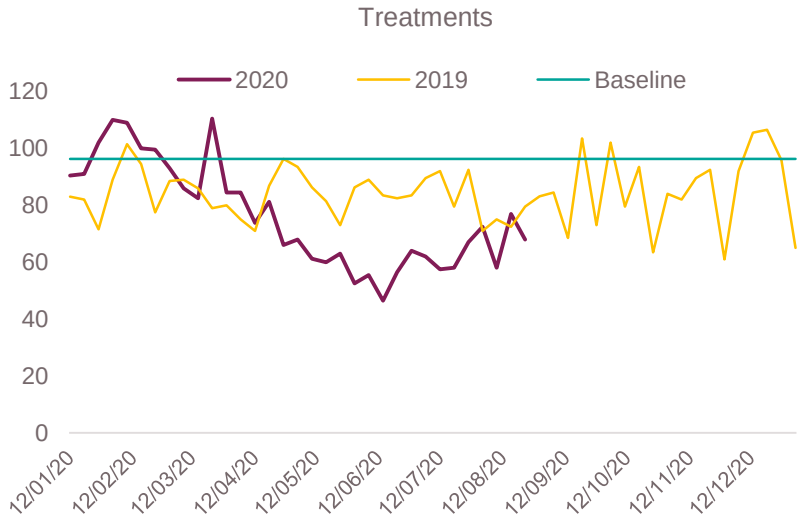
12/07/20
12/08/20
12/09/20
12/10/20
12/11/20
12/12/20


Treatments
2020
2019
Baseline
120
100
80
60
40
20
0
12/01/20
12/02/20
12/03/20
12/04/20
12/05/20
12/06/20
12/07/20
12/08/20
12/09/20
12/10/20
12/11/20
12/12/20

Diagnostic Recovery

September 2020

Top level priority plan for restarting Radiology Imaging

Short Term
1-2 months

- NOUS / MRI / CT set as priority
- D&C modelling -Completed
- System wide view of waiting lists - Completed
- Clear plan agreed and set to address backlog
- Agreement to use real time data- Vital Charts - Completed
- Improve Utilisation of additional IS Capacity- Completed

Medium Term
2-3 months

- AQP'S to plan for extra NOUS capacity and restarting all services
- Expand and utilise IT / PACS infrastructure to support digital network & home reporting
- Support the implementation of Mike Richards Review
- Share capacity and reduce unnecessary variation
- Integrate streamlined diagnostics into wider clinical pathways

Long term
3 months +

- Clear K&M plan setting out the national imaging vision reflecting the 4 pillars of national imaging strategy
- Support rollout / procurement of new equipment
- Networked diagnostic provision with IT infrastructure as part of the LTP ' strategic vision'
- Support delivery of Community Imaging Hubs / Rapid Diagnostic Centres
- Support workforce initiatives to provide flexible highly skilled staff

Emerging Initiatives & what is working well

System view of demand & capacity

- Vital Charts- Use Vitals Charts to give a greater insight into real time data presenting Demand, Activity, Backlog and Lead times
- System view on waiting times

Home Reporting

- Established home reporting within specific trusts and sharing the learning
- Opportunity to increase productivity and have specialist support within K&M
- KPI's working well in one trust to be implemented across the system

Clinical review of requests

- Primary care/secondary pathway review in place MSK now having physio
- Clinical review of long waiters over 6 weeks in line with RCS, EKHUFT reduced over 1000 inappropriate patients which reduced the long waiters and overall backlog
- Review of scanning protocols i.e. no. of sequences

Workforce

- Framework agreement
- Workforce baseline review
- Current gaps in workforce
- Leadership, Training and Development
- Upskilling of current workforce
- Role extension for non radiographic staff
- HEE opportunities

Diagnostics – key commentary

Actions to deliver trajectories

- **Accelerate plans** for K&M Imaging and Endoscopy Networks and **implement Regional recommendations**
- Use **Vitals Charts data** to understand the lead time (including reporting) backlog, demand and activity.
- **Optimise existing capacity** with 7 day/ extended day working, increase yield by reducing DNA's, FIFO approach to backlog
- K&M Radiology Delivery Group working to create a **home reporting and digital plan** to increase productivity and reduce footfall
- Working with **Endoscopy Group** to agree optimisation plans, liaising with Radiology re Colonoscopy / CTC.
- Review **Capsule Endoscopy Provision** and feasibility.
- Develop a **single PTL** process with risk stratification and prioritisation plan re: recent standards as per Royal College of Surgeons
- Gain assurance all **AQPs can restart** with current waiting lists and capacity planning
- **Expand Cold Site** utilisation to increase productivity and patient acceptance of appointments
- Support providers with **in-sourcing plans** for Endoscopy Recovery
- Development of **clinically agreed protocols** / pathways for triaging patients
- Further **utilise IS providers** for diagnostic support across all modalities
- Review utilisation of **QFIT** across K&M to support Lower GI pathways
- Review utilisation of **CTC (Computed Tomography Colonography)** as an alternative to Endoscopy

10 High Impact Changes for Primary & Community Care

September 2020

10 High Impact Changes for Primary & Community Care

Kent & Medway is refreshing its primary and community care strategy to embed the beneficial changes from the covid-19 response, support the restoration of services in line with the phase 3 letter and set out a vision for how primary and community care will be delivered in the future.

As part of the strategy, we have developed the following 10 High Impact Changes to transform primary and community care. They have been coproduced by ICS and ICP groups and are underpinned by the National Voice's principles 'Nothing about us without us'. We believe they will maximise resources to deliver the best outcomes for patients and staff.

1. **Address health inequalities faced by BAME & vulnerable groups through improved risk stratification & proactive care**
2. **Expand the flu vaccination programme to population groups at risk of covid-19**
3. **Expand the covid-19 testing programme for health and social staff as well as Vulnerable groups.**
4. **Enable digital first primary and community of care through the consistent provision and use of digital equipment & software across providers**
5. **Expand provision of digital equipment & software to care homes to support digital patient consultations & communication across providers**
6. **Use the National Voice's 'Nothing about us without us' to underpin communications and engagement with patients regarding the restart of services**
7. **Take a system approach to managing waiting lists in the restart of services**
8. **Increase the provision pulse oximeters to vulnerable groups to improve patient safety**
9. **Streamline and expand Advice & Guidance service to support patient referrals**
10. **Ensure consistent supply of PPE for staff working across primary and community care**

Community services and hospital discharge – key commentary

Actions to deliver phase 3 objectives

- Acceleration of the discharge pathway (DTOC, MFFD); extra funding has allowed for community capacity for discharge along with the rigorous process with 'choice'.
  - System wide discharge planning event held late August between health and social care partners to agree and drive the systems D2A model consistently across Kent and Medway.
  - **System agreement on a shared set of principle to manage discharge across the ICS.**
  - A single Trusted Assessor Process across health and the care sector to speed discharge
- Community resource for 7 day cover, 'discharge to assess' and provision of community re-ablement to be implemented pending approval of the KM Seacole case

CHC assessments

- Number of deferred assessments are 1554 currently to be assessed by 31/03/2021 to get back to pre covid level of activity

Initiatives supporting system restoration and recovery

The K&M 'Seacole' approach to manage average of 80% discharges within the community (endorsed by the British Geriatric Society).

The K&M approach would;

- **Support the patient pathway** working in partnership, across community and acute colleagues; from discharge with consistent Trusted Assessment, flexibility in MDT workforce approach for assessment of needs and ongoing therapy requirements, to aid holistic recovery and avoid readmission.
- Is **revenue based**, which is relatively quick to implement and does not require a capital build (which would delay implementation, as well as incur depreciation costs).
- Allows most people in an acute setting to be able to **return home or a community setting** which reduces infection rates and allays anxiety about the infection risks associated with healthcare facilities and allows them to remain **close to their community**.
- Supports the **wider determinants of wellbeing support**, including access mental health, social prescribing and community navigation
- Support the use of **digital technology** to monitor people at home remotely, and
- **Underpinned** by a rehabilitation assistants workforce, who would be quick to recruit and would be overseen and integrate with the existing workforce model.

Address health inequalities faced by BAME & vulnerable groups

September 2020

Address health inequalities faced by BAME & vulnerable groups through improved risk stratification & proactive care Impact

It is recognised that a variety of demographic groups within our community are at higher risk of complications and death from Covid-19 driven in large part by health inequalities. It is further proposed that primary care, with support from the rest of the health and social care system, engage in locally directed work to ameliorate this risk in the face of further surges of SARS-Cov2 infections.

This work needs to show results by the time we face a major surge in cases that current modelling suggests we are expecting in Oct/Nov 2020. Beyond the initial phase of work this will feed into Kent & Medway's commitment to tackle those underlying inequalities in health.

We have identified six strands to the work that need to be considered if we are to make a significant difference to the excess risks

1	**Collection of robust population and patient level data of ethnicity**
2	**Culturally competent health information regarding Covid-19 with regards to avoiding infection, excess risks and the need to modify those risks**
3	**Occupational risk assessment and appropriate protection for those working in health & social care as well as public transport, taxi drivers, retail workers etc. Focused and culturally competent to ensure reach within BAME communities**
4	**Risk modification for those at highest risk: obesity, diabetes & hypertension**
5	**Close monitoring of those deemed high risk for hospital admission, ITU admission, ventilation & death who contract Covid-19**
6	**Post Covid mental and physical health rehabilitation offered to those who survive Covid-19**

Management of growing demand in urgent and emergency care

September 2020

A/E – key commentary

Actions to deliver trajectories across K&M

- Emergency activity fell by 45% during COVID Phase 1, currently predicted to rise to 2% above previous year.
- Restart plans are focused on moving urgent care to the most appropriate of delivery which may see up to 20% of the current Emergency Department (ED) activity being provided in other suitable venues such as Urgent Treatment Centres (UTC).
- The Kent & Medway 111/Direct Access Booking strategy is being developed to better facilitate this work across 4 distinct arms; South East Coast Ambulance service, Urgent Treatment Centres, Primary & Secondary Care providers.
- Digital solutions have been deployed into 93% of Kent and Medway practices via rapid mobilisation programme to facilitate this workstream.
- Funding received to further support rapid development of A&E services across KM

UEC Capital allocations for K&M

Trust	Award	Projects
Maidstone And Tunbridge Wells NHS Trust	£2,817,000	Building work to convert office space to a paediatric emergency department; IT systems to improve bookings systems and seven day working; Opening a winter escalation ward and increasing capacity of the SDEC service at Tunbridge Wells; Improvements to oxygen infrastructure pipework; A new sub-station to provide power requirements for increased capacity in A&E.
Dartford And Gravesham NHS Trust	£2,553,000	Major Emergency Floor reconfiguration to meet demands of a 'covid winter'. An upgrade of the mental health assessment room in A&E. A 6-beded modular unit to treat surgical emergencies.
Kent Community Health NHS Foundation Trust	£1,500,000	Improvements at Sevenoaks, Folkestone and Deal urgent treatment centres to meet social distancing and cleaning requirements and increase capacity by 30%.
Medway NHS Foundation Trust	£857,000	A new sub-station to provide power requirements for increased capacity in A&E.
Kent and Medway STP	£750,000	To support *111 First* deployment across Kent and Medway and extend direct booking and e-triage being used in east Kent urgent treatment centres
Total	**£8,477,000**	

Appendices

August 2020

Transforming health and social care in Kent and Medway

KM Restart Programme – F&P Update

September 2020

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Escalation Actions – August 2020

Actions being taken – methodology for escalation to F&P

- This is the first report of this new style, recognising that a pre-COVID approach to performance reporting is inappropriate. There is a need to scrutinise the system wide actions being taken to restart services and positively impact performance standards (this may not lead to the recovery of some standards for some time, but without these actions performance standards would be further adversely impacted).

- There are over 50 high impact actions being taken within the Restart programme and these are detailed in the attached spreadsheet for information.

Key

Complexity of action	High	Significant risk/complexity to delivery
	Medium	Some degree of risk/complexity to delivery
	Low	Relatively straight forward to deliver
Progress in delivery	High	Significantly delayed
	Medium	Moderately delated
	Low	On track / programme is doing all that can be expected at this stage of the process

Methodology for escalation

	Complexity	Progress
The following combinations will be escalated to F&P	High	High
	Medium	Medium
	High	Medium
	Medium	High
	High	Low
	Low	High
The following combinations would not be escalated to F&P	Low	Low
	Medium	Low
	Low	Medium

- It is not proposed that the full spreadsheet is provided every month; it is provided this month for familiarisation
- Delivery of actions over time / progress between months needs to be factored into the September report (not possible this month as actions are being presented for the first time)

Actions being taken – escalations for Elective/RTT

N.B The ratings and narrative are provided for the first time and have been developed by the Restart programme; they have not been stress tested by the Director of System Development and Assurance or the System Restart Group. This is the intention for future months.

Action	Lead individual at system level	Timeframe	Complexity of action	Progress in delivery to date	Reasons for Amber/Red ratings	Immediate next steps for month ahead – September
System wide actions to increase elective capacity and impact RTT performance (including outpatient transformation)						
Develop system wide plans to increase G&A beds and theatre capacity (linked to capital priorities)	Elective Workstream and Finance Lead	August -pending NHSEI capital funding announcement.	Red	Green	Capital investment plan submitted awaiting decision from NHS-E/I - The KM ask is significant and funding not yet confirmed.	Follow up with NHSE/I regarding Capital allocation timeline.
Develop a KM plan to deliver the emergent NHSE Elective Care hub framework.	Elective Workstream & James Lowell	End of September	Red	Green	Delay in developing system wide plan, due to complexity and clarity of model.	Initial Elective Hub model for discussion at the End September System Restart Group.

Actions being taken – escalations for children

Action	Lead individual at system level	Timeframe	Complexity of action	Progress in delivery to date	Reasons for Amber/Red ratings	Immediate next steps for month ahead
System wide actions to support children's services restart, recovery and 'ramp up'						
Develop plan to address capacity issues with ND Pathway Waiting List	Jane O'Rourke	September SRG	Amber	Red	AMBER mainly due to the uncertainty of revenue required for new model of care	September System Restart Group - Present plan which describes how to Work with all five providers of ND assessments to agree how to phase in face to face assessments where clinically necessary

Transforming health and social care in Kent and Medway

National Priorities Update

10th September 2020

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National Priorities – High Level Position

National Priorities

- The following document is an updated position of the response provided to the NHSE/I Regional Team on the 15th May 2020, in addition the document and table also covers the recent Phase 3 National Priorities, some of which continue to be worked through, this resulted in an increase from 34 priorities to 44. Owners have been assigned to these priorities and they continue to be worked through, with RAG ratings assigned and return to green plans established (where applicable)

RAG	Current Update	Previous Update (26th August)	Change in Position
	0	1	-1
	13	9	+4
	26	26	-
	5	8	-3

CYP Community Services

- 24 priorities for CYP Community Services have been identified that were not included in the previous return on 16th June and continue to be worked through, the current RAG rating position

RAG	Current Update	Previous Update (26th August)	Change in Position
	0	0	-
	6	6	-
	16	16	-
	2	2	-

Reporting and Assurance

- In addition to the above National Priorities we recently also received a further 7 reporting and assurance priorities. Owners have been assigned to these priorities and they continue to be worked through, with RAG ratings assigned and return to green plans established (where applicable)

RAG	Current Update	Previous Update (26th August)	Change in Position
	4	4	-
	1	0	+1
	2	3	-1